

The Health of Bradford

1958

ANNUAL REPORT OF THE MEDICAL OFFICER
HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN DOUGLAS, M.D., D.P.H.

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and

Mrs. BYATT

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Senior Public Health Officers

| | |
|---|--|
| JOHN DOUGLAS, M.D., D.P.H. | Medical Officer of Health and Principal School Medical Officer (Tel. Bradford 29577) |
| W. EDGAR, M.B., CH.B., D.P.H., D.C.H. | Deputy Medical Officer and Deputy Principal School Medical Officer |
| V. H. ATKINSON, M.B., CH.B., D.P.H. | Senior School Medical Officer |
| S. HOWARD, M.B., CH.B. | Senior Medical Officer for Care and After-Care Services |
| K. HORNE, M.R.C.S., L.R.C.P., D.P.H. | Senior Medical Officer for Maternity and Child Welfare |
| M. BESWICK, M.B., CH.B. | Assistant Medical Officer and School Medical Officer |
| R. C. LAVERICK, M.B., CH.B. | Assistant Medical Officer and School Medical Officer |
| W. E. D. CRAWFORD, M.D., CH.B. | Assistant Medical Officer and School Medical Officer |
| G. T. MACCULLOCH, M.B., CH.B. | Assistant Medical Officer and School Medical Officer |
| J. L. WALKER, M.B., CH.B. | Assistant Medical Officer and School Medical Officer |
| R. WOODHEAD, M.B., CH.B. | Assistant Medical Officer and School Medical Officer |
| F. N. BAMFORD, M.B., CH.B., D.C.H. | Assistant Medical Officer and School Medical Officer |
| D. M. LANGLEY, M.B., CH.B., D.P.H. | School Medical Officer |
| M. U. RHODES, M.B., CH.B., D.P.H. | Assistant Medical Officer |
| H. V. MORRELL, L.D.S., R.F.P.S. (Glas.) | Principal Dental Officer |
| Vacant | Assistant Dental Officer (School Health and Child Welfare) |
| S. HALL, L.D.S. | Assistant Dental Officer (School Health and Child Welfare) |
| A. S. METCALFE, L.D.S., R.C.S. | Assistant Dental Officer (School Health and Child Welfare) |
| M. PARKER, B.CH.D., L.D.S. | Assistant Dental Officer (School Health and Child Welfare) |
| Vacant | Assistant Dental Officer (Child Welfare) |
| Vacant | Mental Welfare Officer |
| F. H. MYERS, M.R.S.H., M.A.P.H.I. | Chief Public Health Inspector |
| F. H. WALKER, S.R.N., S.C.M. H.V.CERT. | Superintendent Health Visitor and School Nurse |
| M. A. FLINT, S.R.N., S.C.M., Q.N., H.V.CERT. | Superintendent District Nurse |
| E. R. ENTWISTLE, S.R.N., S.C.M., H.V.CERT. | Supervisor of Midwives |
| J. CLARK | Ambulance Officer |
| E. M. CLEGG | Home Help Organiser |

Preface

The following report on the health of the city has been compiled along the lines laid down by the Ministry of Health.

The principal vital statistics relating to mothers and infants are as follows:

| | | | | | | | | |
|--|----|----|----|----|----|----|----|-------|
| Live births | .. | .. | .. | .. | .. | .. | .. | 4,988 |
| Live birth rate per 1,000 population | .. | .. | .. | .. | .. | .. | .. | 17·3 |
| Stillbirths | .. | .. | .. | .. | .. | .. | .. | 121 |
| Stillbirths rate per 1,000 live and stillbirths | .. | .. | .. | .. | .. | .. | .. | 23·7 |
| Total live and stillbirths | .. | .. | .. | .. | .. | .. | .. | 5,109 |
| Infant deaths | .. | .. | .. | .. | .. | .. | .. | 151 |
| Infant mortality rate per 1,000 live births—total | .. | .. | .. | .. | .. | .. | .. | 30·3 |
| Infant mortality rate per 1,000 live births—legitimate.. | .. | .. | .. | .. | .. | .. | .. | 30·4 |
| Infant mortality rate per 1,000 live births—illegitimate | .. | .. | .. | .. | .. | .. | .. | 28·2 |
| Neo-natal mortality rate per 1,000 live births | .. | .. | .. | .. | .. | .. | .. | 18·6 |
| Illegitimate live births per cent of total live births | .. | .. | .. | .. | .. | .. | .. | 7·1 |
| Maternal deaths (including abortion) | .. | .. | .. | .. | .. | .. | .. | 2 |
| Maternal mortality rate per 1,000 live and stillbirths | .. | .. | .. | .. | .. | .. | .. | 0·4 |

The full table of vital statistics will be found on page 24 of the Report.

An item of special interest is the survey of the first ten years of the National Health Service. This survey, "Ten Years of Progress", will be found as Section 1 of the Report.

JOHN DOUGLAS,

Medical Officer of Health and
Principal School Medical Officer.

Section I

Ten Years of Progress

CHILD HEALTH

MATERNITY AND DOMICILIARY MIDWIFERY SERVICES

HEALTH VISITING SERVICE

VACCINATION AND IMMUNISATION

HOME NURSING SERVICE

HOME HELP SERVICE

MENTAL HEALTH SERVICE

AMBULANCE SERVICE

Ten years of Progress

Ten years have now elapsed since the National Health Service came into being. This ambitious and comprehensive piece of legislation brought about tremendous changes in the medical services of this country, and since its introduction the local health authorities have built up a series of medical and auxiliary domiciliary services of which they can be justifiably proud. This brief survey serves to emphasize just how great the progress and expansion has been.

It would be wrong to review these ten years without reference to the hospital and general practitioner services, since the success of the National Health Service as a whole is dependant upon the contribution which each of these services make and the liaison between them. It has been hinted that far from bringing these three branches of the Service together, the National Health Service Act has merely served to drive them further apart. In Bradford this has happily not been so. The local health authority has always enjoyed excellent relations with practitioners and the hospital services. Recent emphasis on co-ordination and co-operation and the introduction in Bradford of a combined maternity and medical scheme, the introduction of general practitioners to the medical examination of infant school entrants, and the planning of further integration between these three services in the developing mental health field illustrate that progress has been achieved in this direction also.

Co-operation of this nature, which is so vital in the interests of the individual members of the public, is only obtained by a mutual desire and appreciation for its need by those providing the service.

Since the passing of the National Health Service Act the character and scope of work carried out by various sections of the Health Department have changed considerably.

Throughout these ten years we have had four aims in mind towards which we have been steadily working, namely:—

- (1) To increase the co-operation between general practitioners and all branches of the Service.
- (2) To work closely with the hospitals in order to strengthen relationships at all levels.

- (3) To decentralise as far as is practicable the work carried out by all sections.
- (4) To integrate the Maternity and Child Welfare and School Health Services.

The type of work carried out in infant welfare centres has necessarily changed in character since it became possible for every member of the community to have free medical attention. It is stressed in all child welfare centres that mothers should contact their general practitioners at the earliest opportunity about the care of their new babies and seek his advice early whenever the child is ill. The general practitioner is made aware of any illness or defect which is discovered by the medical officer at the child welfare centre, in order that he may take any action which he may think necessary. As far as possible the medical officers carrying out welfare sessions endeavour to get to know the practitioners in their area in order that patients may benefit from the exchange of knowledge between the doctors concerned. The mutual understanding of each other's work has increased considerably during the years under survey.

The relationship with the hospitals is described under the Maternity and Health Visitor Services.

The implementation of the policy of decentralisation and the co-ordination of maternity and child welfare and school health duties carried out by medical and nursing staffs has depended on the setting up of branch clinics which house the combined staff in each district. The scope of the work in 1948 was considerably restricted by the impossibility of providing new centres during and immediately after the war. In 1948 only four permanent premises were in use, namely:—

The Central Clinic at Edmund Street, Green Lane and Lapage Street. School Clinics and a small centre at Bierley.

All other premises used for Maternity and Child Welfare work were Sunday Schools or Church Halls scattered about the city. Subsequently the following centres, which were adaptations of existing property were brought into service:—

| | | |
|----------------|----|---------------|
| Saint Street.. | .. | January 1953 |
| Odsal .. | .. | July 1953 |
| Usher Street | .. | November 1954 |
| Thorpe Edge | .. | June 1958 |

As each new centre has become available co-ordination of the work in that district has started, an assistant medical officer with health visitor/school nurses and ancillary staff being stationed in the district where their immediate work lay. No entirely new centre has been built for maternity and child welfare work, but when the plans for new centres at Eccleshill, Buttershaw, Holmewood and Allerton are carried out, the work which is now being carried on under difficult circumstances will be greatly facilitated and the final steps in the programme of integration and decentralisation will be completed.

Child Health

All infants attending clinics are medically examined periodically to assess their physical and mental development and to ascertain any abnormality in its early stages. Mothers are advised about feeding of infants and children and instructed about the prevention of infection. The emotional well-being of the mother and child is also the concern of the medical officers and health visitors. This aspect of the work is, however, still in its early stages.

The attendances at child welfare centres have been fairly consistent throughout the ten years. Frequently mothers, having been helped with the difficulties in their children's early months of life, no longer seek advice after the child reaches the first birthday. Attempts to establish special toddler clinics have been tried, but have not been successful, as mothers prefer to bring all their children to the one clinic.

The infantile mortality rate has fallen from 43 to 30 during the last ten years. The fall in the number of infant deaths has been mainly in the one month to the one year age group and not in the Neo-Natal period. Considerable attention has been given in recent years to the factors responsible for this early loss of life.

Maternity and Domiciliary Midwifery Services

The total number of births in Bradford has remained fairly stationary but the proportion of hospital confinements has increased slightly during the period from 52.8 per cent in 1948 to 58.1 per cent in 1958.

The number of patients booking the general practitioner obstetrician has increased from 99 out of 1,181 domiciliary births in 1948 to 2,097 out of 2,134 domiciliary confinements in 1958. With the increase in the number of cases booked by the general practitioner obstetrician it was thought that the number of ante-natal clinics staffed by local authority

medical officers would gradually decrease, although this has not proved to be the case. In 1948 there were six ante-natal sessions staffed by medical officers and midwives, the remaining sessions being staffed by midwives only.

Following the Ministry Circular 9/56 issued to Chairmen and Boards of Governors and Hospital Management Committees inviting them to arrange to hold meetings of professional representatives of the three bodies responsible for the Maternity Services, a series of meetings was arranged in Bradford, and the circular issued by the Standing and Midwifery Advisory Committee of 1955, concerning ante-natal care, was considered. Particular stress was placed by all attending the meetings on the need for increasing the standard of ante-natal care, particularly in Bradford where a high incidence of toxæmia prevailed. It was recommended that the minimum standard of ante-natal care laid down in the Report should be adopted with the addition of extra care for primiparae and patients with a previous history of toxæmia, also that a combined maternity scheme be formulated to provide additional information to the general practitioner about the ante-natal care undertaken by the local authority and the hospital ante-natal clinics. For this purpose a personal record card was drawn up to enable the patient to carry a record of her ante-natal examinations, whether by midwife, medical officer or family doctor for advice given. A co-operation card was also introduced to pass between the local authority's ante-natal clinic and the patient's own doctor enabling him to express his desire to avail himself of the ante-natal services offered at the local authority's ante-natal clinics. It was also decided that a further increase in the medical staff of St. Luke's Obstetric Unit and the Local Health Authority should be made to undertake the additional care envisaged.

The number of ante-natal clinics and staff has gradually increased. The position at the end of 1958 was that the number of ante-natal clinic sessions had increased to 24 per week, and general practitioners attended two further weekly sessions. It was planned that as soon as the appointment of an additional medical officer was made, the remainder of the midwives' sessions should be covered by the local authority medical officer.

The number of domiciliary midwives in 1948 was 37 and at the end of 1958 the number was 38 domiciliary midwives with a supplement of up to 15 part-time maternity nurses.

The role and scope of the work of the midwives have changed considerably during the ten years. In 1948 many of the patients were receiving

ante-natal care in their own homes or in that of the midwife. As the standard of ante-natal care improved this arrangement became unsatisfactory, and now most of the patients are within easy reach of the ante-natal clinic where all facilities for ante-natal care are provided. The midwife is gradually assuming the role of a worker in the preventive field. She realises that the health of the mother and baby depends to a great extent on the care given to the mother during the ante-natal period, including education and help with her social problems. The equipment of the domiciliary midwife has been improved during the years. Each midwife is now equipped with desk-type sphygmomanometer and an apparatus for the administration of trilene analgesia and small oxygen cylinder for the resuscitation of asphyxiated infants, in addition to her usual equipment.

The care of the premature baby has increased over the years and provision was made in 1958 for a third full-time premature baby midwife. The premature baby midwife attends the follow-up clinic for premature infants at the Maternity Hospital and the Children's Hospital. The co-operation between hospital staff and domiciliary midwifery staff has improved since the passing of the Act, and has now reached a high standard, thereby helping the smooth running of the Domiciliary Midwifery Service.

Health Visiting Service

The changes in the work of the Health Visitor since 1948 have been greater than at any time since her work began. Although her duties cover many fields of work, and it depends on the local authority for whom she works how these duties are defined, the following comparison proves how great has been the change in her work in Bradford. This change is partly due to the acceptance by the National Health Service Act of her wider field of work, partly by the increase in the number of staff and partly by the policy of combining the School Health and Maternity and Child Welfare Services.

In 1948 the number of health visitors employed was 21 and by 1958 this had increased to 44.

In 1948 health visitors were engaged mainly in work with mothers and young children, tuberculosis and infectious disease.

In 1958 there were 23 staff health visitor/school nurses

4 tuberculosis visitors

1 geriatric health visitor

- 1 infectious disease and venereal disease social worker
- 1 health education health visitor, who was also one of the tutors of the Nursery Nurse Training course
- 2 health visitors carried out diabetic after care work with general health visiting duties
- 12 staff carried out general health visiting duties.

In 1948 all clinical duties were carried out by health visitors.

In 1958 each centre had at least one clinic nurse to assist with work in schools and with clinic duties in schools and child welfare centres, leaving the health visitor free to carry out her own specialised work.

After Care

In 1948 very little hospital after-care work was done.

In 1958, 3,552 after-care visits were paid and a constant liaison operated with the hospital almoners, particularly with regard to the environmental conditions of children and social problems arising from patients.

Headquarters

In 1948 the health visiting staff all worked from the Maternity and Child Welfare Department at Edmund Street.

In 1958 the 23 health visitor/school nurses worked from the combined health centres as follows:—

- 2 at Bierley
- 3 at Usher Street
- 6 at Lapage Street
- 3 at Saint Street
- 5 at Odsal
- 4 at Thorpe Edge.

The 4 tuberculosis visitors worked from the Chest Clinic.

The geriatric visitor worked from the Geriatric Unit at St. Luke's Hospital.

Health Education

In 1948 there was no organised health education in the Department

In 1958 mothercraft classes, arranged in conjunction with the midwives' ante-natal clinics, and relaxation classes were held at all the main centres and some of the branch clinics.

Five health visitor/school nurses did teaching in schools and 25 requests were accepted by the staff to give talks to parent-teacher associations, young wives' groups, parents' clubs and Red Cross detachments.

Problem Families and Child Neglect

In 1948 no co-ordinating committee existed to deal with problem families and cases of questionable home care. Health visitors and other workers often ploughed a lone furrow with perhaps the co-operation of the N.S.P.C.C.

To-day health visitors attend co-ordinating committees when families from their district are discussed. This has helped more than anything else to make other workers aware of her work and the part she can play in the prevention of family breakdown and her concern for all families where there are children.

The last few years have seen a better co-operation than ever before between health visitors and all other voluntary and statutory social workers.

Dental Care

The National Health Service Act particularly stressed the dental care of mothers and young children. We have been fortunate in having the full-time service of a dental officer for this work throughout the period covered by this review. In addition, a proportion of the time of a school dental officer has also been given to the care of mothers and young children.

There has been no great change in the number of patients attending although the actual number of visits made by the patients has increased. A great deal of the work done for mothers at the local authority clinic is concerned with extractions and fitting of dentures.

Vaccination and Immunisation

The only vaccination and immunisation procedures undertaken by the majority of local health authorities, including Bradford, prior to 1948, were infant vaccination against smallpox and immunisation against diphtheria.

Since then, however, additional schemes have been undertaken in this important preventive field, and vaccines and immunising agents are now available for protection against whooping cough, tuberculosis and, more recently, against poliomyelitis.

The following table illustrates the increase in the number of children protected against these diseases:—

| | 1948 | 1957 |
|-----------------------------------|-------|-------|
| Smallpox (Primary Vaccination) .. | 415 | 2,460 |
| Diphtheria | 3,538 | 5,528 |
| Whooping Cough | — | 2,655 |
| B.C.G. | — | 1,071 |
| Poliomyelitis | — | 3,967 |

There is little doubt that as these schemes have progressed so the diseases concerned have been modified and controlled. This is particularly true of smallpox and diphtheria, and other measures have helped in the control of tuberculosis. It is probable that as the scheme for vaccination against poliomyelitis extends, this crippling disease will also be controlled.

The virtual disappearance of some of these diseases has made more difficult the task of convincing mothers on the advisability of having their children protected against them. It is also true that the stage has now been reached where mothers are expected to submit their children to an extensive battery of inoculations, and considerable thought is being given to the possibility, and, indeed, the advisability, of diminishing the number of actual injections required by the use of combined agents.

Home Nursing Service

The changes and trends which have taken place in this Service since 1948 have been considerable. The first of these was the amalgamation of the several voluntary district nursing associations into the Bradford District Nursing Council. This is still a voluntary organisation acting as agent for the local health authority in providing a District Nursing Service.

A training centre for Queen's nurses was established by the Bradford District Nursing Association in 1947, and is now paying dividends by an easing of the difficulty in recruiting nurses to this work. By the end of 1958 the staff had increased to 30. The value of the State enrolled assistant nurse and the part-time district nurse must not be overlooked. Each in her respective field has a special part to play in the home

nursing service in that some of the care which these patients require does not call for the constant high skill of the State Registered Nurse.

The availability through medical research and recent advances in medicine, particularly the increasing use of antibiotics and chemotherapy, have led to an increased use of treatment by injection. This increase was most marked in the earlier part of the period under review when these modern agents became more freely available. At the present time approximately one third of the cases attended by home nurses receive some form of injection.

The provision of cars for use by the nurses and the allowances to owner-users have largely contributed to the ability of the Service to meet increased demands made upon it in spite of difficulties of recruitment.

The present emphasis on treating patients in their own homes, particularly the elderly, has meant an increase in this aspect of the home nurses' work. In 1949, 40 per cent of all cases fell into the over 65 years of age group, and by 1958 this had risen to 55 per cent. The percentage of visits paid to this group of patients was even higher.

It has been suggested that families are nowadays unwilling to accept responsibility for their ageing members, but this is by no means the case. A considerable number of women in the middle age group who traditionally care for the aged members of the family are now themselves in gainful occupation outside the home. The wives and mothers on whom the major part of this additional burden falls must of necessity in many cases continue with their outside occupation in addition to running their homes and caring for their own family. The resulting strain, both physical and mental, on this section of the community cannot be lightly disregarded.

In an endeavour to assist these families "a third round" was started in July 1958 and a laundry service to cater for drawsheets required by incontinent patients being nursed at home was commenced in September 1958.

The willing co-operation of families with the district nurse, plus the help received from other statutory and voluntary agencies have resulted in a considerable saving of hospital beds, particularly in the case of the elderly patient who is suffering from a long-term or chronic illness, thus allowing these patients to be cared for in the security of their own homes.

Home Help Service

The first Home Help was appointed in Bradford in 1929 by the Bradford Maternity Care Committee as a result of urgent requests from medical practitioners and midwives who saw the results of lack of assistance in the home during times of illness and child birth. Owing to the limited funds available, the activities of the Helps were restricted to assisting confinement cases. On the appointed day six full-time and 12 part-time Helps were employed and the Voluntary Committee handed over this work to the Health Committee justifiably proud of the pioneer service which they had created.

By the end of 1958, 67 full-time and 191 part-time Helps were employed. This enormous increase in staff was necessary to meet the ever increasing demands from aged and infirm persons being looked after at home. The following table shows clearly that during the past ten years the original purpose of the Service has been overshadowed by these demands. This table also shows the number and type of new cases assisted each year since 1951.

| Cases Helped | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|--------------------------------|------|-------|-------|-------|-------|-------|-------|-------|
| General and chronic sick | 386 | 343 | 432 | 378 | 251 | 241 | 188 | 221 |
| Old | 298 | 567 | 522 | 466 | 495 | 658 | 667 | 774 |
| T.B. | 17 | 20 | 18 | 19 | 20 | 17 | 14 | 11 |
| Blind | 11 | 19 | 16 | 28 | 10 | 17 | 8 | 12 |
| Maternity | 179 | 169 | 283 | 437 | 437 | 420 | 391 | 371 |
| | 891 | 1,118 | 1,271 | 1,328 | 1,213 | 1,353 | 1,268 | 1,389 |

It must be borne in mind when considering this table that whereas maternity cases require assistance for a relatively short period, the needs of the elderly are usually permanent, becoming more essential as the patient becomes older and more infirm.

In spite of the large increase in the number of Helps employed, the requests for assistance still exceed the availability, and new demands can only be met by withdrawing help from other cases. Some forty changes occur each week whereby Helps are withdrawn from those less in need and made available to those whose need is greater. With greater emphasis being placed on the care of all sections of the community, particularly the elderly, in the security of their own homes, it is expected that the demands for this Service will continue to increase.

Mental Health Service

On the "appointed day" the staff of the Mental Health Service consisted of a Mental Welfare Officer directly responsible to the Medical Officer of Health for the administration of the Service; two duly authorised officers, one mental deficiency social worker, and one clerk. It soon became apparent, however, that such staff could not cope with the large volume of work which was to flow in. The increase of staff serves as a reflection of the increase in the volume of scope of the work provided by this Service. To-day there are four duly authorised officers, two mental deficiency visitors and two psychiatric social workers.

The widening scope of the Mental Health Service showed the urgent need for the training of mental health staff, and as a result of this, in September 1956, the National Association for Mental Health (Northern Branch), in conjunction with the Department for Extra-mural Studies of the University of Leeds, inaugurated a refresher course for mental welfare officers. One officer has attended the course each year.

Mental Deficiency

In November 1948 thoughts turned to the setting-up of an occupation centre. A supervisor was appointed, and many buildings were inspected before negotiations were finally completed to lease premises belonging to the Ebenezer Methodist Trust at Dudley Hill. Although not entirely suitable for the purpose, these premises at least provided a starting point. The centre was opened on the 6th September, 1949, with some 17 pupils on the register, and at the end of the year the number of trainees had risen to 57.

By 1950 the Occupation Centre was dealing with some 100 trainees, and the staff had been increased to one Supervisor and five assistant supervisors. A special class under the direction of an assistant medical officer catered specially for spastic children. Routine medical and dental inspections of all children were carried out, and with the provision of transport to the Centre by ambulance, and mid-day meals provided by arrangements with the Education Department, attendances were particularly high. "Open Days" were held when parents and friends attended to see the work of the Centre.

The urgent need for a continuity of training for many children in the Occupation Centre after attaining the age of 16 years led to the opening of the Industrial Centre for adult male defectives in 1952. The Centre

provided for instruction in woodwork, leatherwork, rug-making, stool-making and seating, lampshade making, and papier-mâché work for the lowest grades. The Centre to-day provides training for some 42 trainees and is staffed by an Instructor-in-charge and two assistants. It is quite impossible to extend any further at the present Centre, but rebuilding of a new industrial centre is imminent.

The year 1952 saw the introduction of arrangements for the temporary admission of defectives to hospital without formality under the provisions of Ministry of Health Circular 5/52. In spite of continued shortage of accommodation very strenuous efforts have been made by the Regional Bed Bureau to accommodate all such cases, especially during the summer months when other patients have been on leave, etc., and welcome assistance has been afforded to many families in times of emergency.

In 1953 the parents of some children attending the Occupation Centre formed the Parent/Teachers Association, which has now grown into a very strong and active body, and which has provided many amenities for the trainees of both Occupation and Industrial Centres, including annual excursions to the seaside.

During 1953 one of the duly authorised officers began a weekly social evening for a small number of adolescent male defectives. This club is still functioning, but owing to the shortage of accommodation is limited in its intake.

By 1956 it was clear that the premises used for Occupation Centre purposes were quite inadequate, and plans for the building of a new Centre were submitted to the Ministry for approval. These plans were referred back to the local authority, however, because of financial reasons. The appointment of a part-time physiotherapist at the Centre necessitated the clearing of a classroom on three mornings per week for physiotherapy sessions, and made more difficulties in accommodation.

Visitation in the field of mental deficiency by the local authority became heavier on account of an increase in the number of daily licence cases, and during the year 1950 some 1,420 visits were paid to the homes of defectives.

During 1956 a second mental deficiency social worker was appointed as the case-load was increasing and was far too large for one worker. This increase was partly due to the large number of patients discharged from their Orders under the Mental Deficiency Acts.

It was also in 1956 that the part-time services of a medical officer were recruited to give guidance to the social workers in the field of mental deficiency in regard to the ascertainment and disposal of cases.

The appointment of a Medical Superintendent at Westwood Hospital, who also assumed the duties of Medical Arbiter of the Sub-Regional Bed Bureau, made the services of a consultant available to the local authority in the field of mental deficiency.

The introduction of informal admission of patients to mental deficiency hospitals, and the review of cases detained under Order early in 1958, following the Report of the Royal Commission, resulted in the relaxation of statutory control over many patients without the adverse results which were at first anticipated.

Mental Illness

In 1949 some 123 mental patients in Lynfield Mount and Northern View Hospitals, previously detained under Section 24 of the Lunacy Act in the Public Assistance Institution, had to be re-examined because these hospitals had not been designated for purposes other than for Section 20 of the Lunacy Act, 1890. Of these patients, 103 were certified under Section 16 of the Lunacy Act, 1890, 16 agreed to remain as voluntary patients, and four were discharged.

As the shortage of Section 20 accommodation still persisted, a local attempt was made in 1955 to produce a way to overcome the serious bottle-neck in the female observation wards at Northern View Hospital. This was by a freer interchange of patients from Section 20 accommodation to Part III accommodation, and to chronic sick wards. The scheme worked well for a time, but the serious overcrowding in all accommodation for the aged prevented its continued success.

Up to 1957 the work of the Department was in practice largely limited to the ascertainment and disposal of gross cases of mental disorder, and the ascertainment and supervision of defectives, although some attempt to meet the need for care and after-care in the community had been made by the psychiatric social workers. Where consultation was sought, reference was made to the psychiatric out-patient clinics at St. Luke's Hospital and the Royal Infirmary.

Essentially it was a disposal service geared to the handling of socially difficult mental cases, although the duly authorised officers, under the guidance of the psychiatric social workers, attempted some limited follow-up of cases which were not admitted to hospital. With an increase

in the number of patients seeking treatment on a voluntary basis, however, the Department was being called upon to deal with the earlier forms of mental disorder, and it was clear that the services of a consultant psychiatrist within the Service was essential.

As the Regional Hospital Board was unable to provide the services of a consultant, the local authority was fortunate in obtaining a consultant who was prepared to work part-time in the Department, and it was gratifying to feel that a start had been made in providing a more comprehensive Service.

By the end of 1958 it was felt that the Service had to some extent started to extend in the direction envisaged in the Royal Commission's Report. The work of the consultant psychiatrist was shared between child guidance and adult psychiatry, as it was felt that the basis of early and preventive treatment of mental disorders was the family. This appointment served to confirm the value of providing a family mental health service in preference to separate child guidance and adult psychiatric facilities.

Our next hope is a closer integration with the hospital services, which it is hoped will be helped by the proposed building of a new psychiatric wing to the existing facilities at Lynfield Mount Hospital.

Ambulance Service

The Health Committee established a Central Ambulance Service in 1946—a Service catering exclusively for the hospitals controlled by the committee. Considerable experience had, therefore, been gained before the “appointed day” in the administration of an Ambulance Service.

This Service consisted of 15 ambulances and 6 sitting case cars, and owing to the impossibility of obtaining delivery of new vehicles it was necessary to purchase commercial vans for conversion into single-stretcher ambulances to enable the Ambulance Service to meet some of the enormous demands which fell upon it.

The volume and variety of the work undertaken by the Ambulance Service have increased considerably since 1948; the total mileage covered has increased by $3\frac{1}{2}$ times, and the total number of cases transported by more than 5 times, the average miles travelled per case has been reduced from 6.54 to 2.94. In addition to conveyance of outpatients, admissions and discharges to and from hospital, approximately one third of the patients transported are mentally handicapped children

to and from the Occupation Centre. It is probable that as the social and training facilities for the disabled, mentally disordered and aged increase, the demands for transport will also increase.

There has been a progressive attempt to improve the standard of vehicles used in the Service, and the latest decision of the Health Committee to purchase three specially built ambulance coaches with power-operated platforms to enable disabled persons confined to wheel chairs to be transported in comfort and safety, is evidence of this policy.

It is surprising that this Service could have expanded to its present size in view of the inadequate accommodation at the Sugden Street Depot. A temporary easement has been obtained by utilising the ground floor of a disused warehouse to accommodate at night vehicles which would otherwise have to remain in the open. It is to be hoped that a suitable site will soon be acquired for a new Ambulance Station which the Health Committee has already approved in principle.

Summary

By the introduction of the National Health Service Act the Health Committee lost in the transfer of the municipal hospitals to the Regional Hospital Board a large section of the services for which they had previously been responsible. Likewise, the Medical Officer of Health lost a valuable contact and standing with his medical colleagues which it has taken a long time to rebuild.

Starting afresh with justifiable misgivings and apprehension, but nevertheless tackling with enthusiasm the new responsibilities placed upon them in the domiciliary field, the Medical Officer of Health and the Health Committee can now look back upon these first ten years of what has been one of the greatest social experiments of our time and feel well satisfied with the progress and development that has taken place in these services.

This brief summary serves to underline just how great these have been.

With new fields of responsibility being placed upon them, particularly in the field of mental health and the domiciliary care of the aged, the Health Committee is not likely to rest content with the achievement of the past ten years, but rather to tackle with enthusiasm the new responsibilities placed upon them. Indeed, the new Occupational and

Industrial Centre already in the course of construction, plans for a new Ambulance Station and the first of four new comprehensive clinics well under way, illustrate that the Health Committee are indeed planning for the future—the second ten years.

Section 2

Social Circumstances and Vital Statistics

POPULATION

EMPLOYMENT

METEOROLOGY

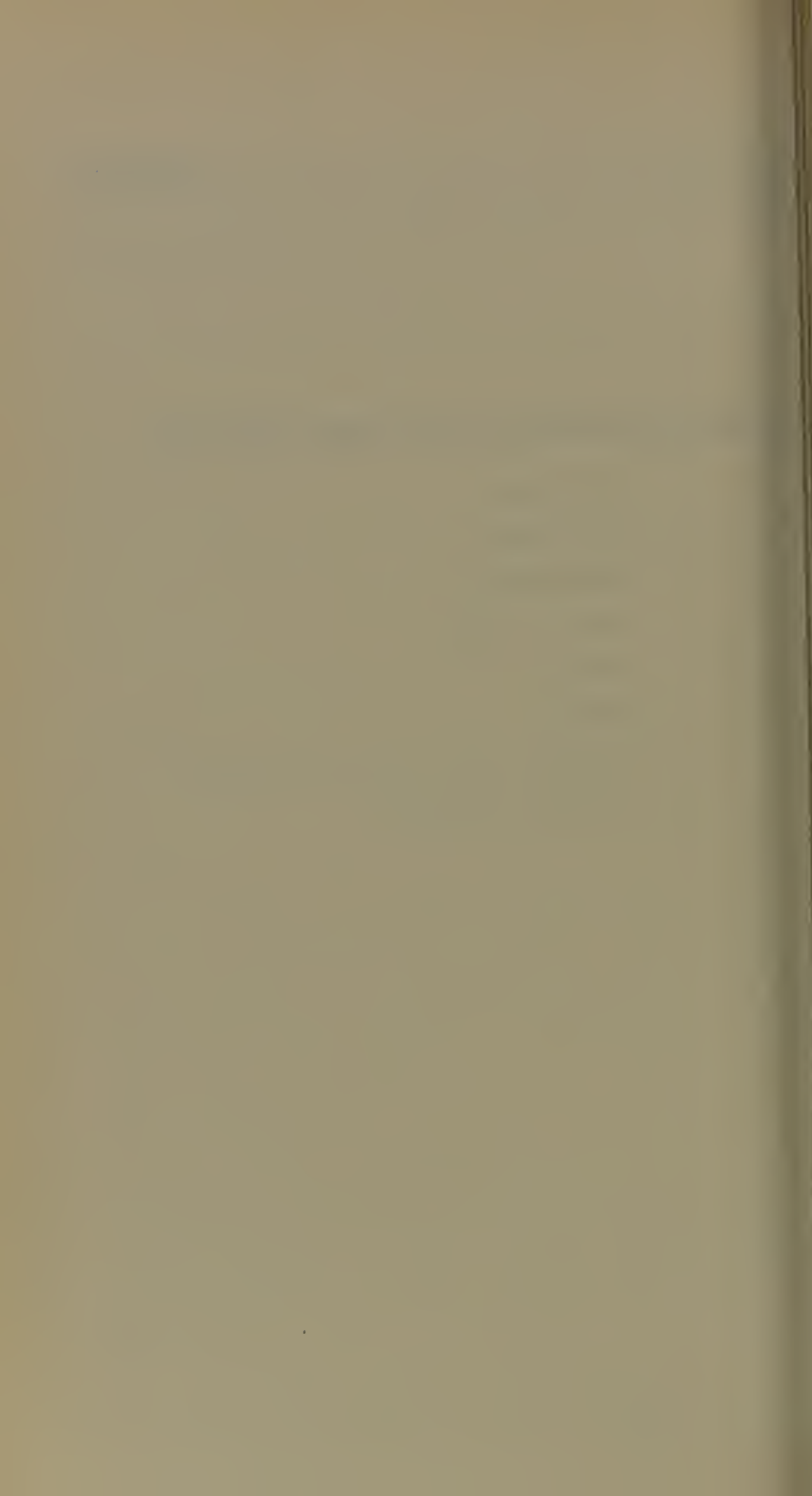
VITAL STATISTICS

BIRTHS

DEATHS

STILLBIRTHS AND INFANTILE MORTALITY

MATERNAL MORTALITY



Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882 Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years, up to 1900, increased to 280,000. At times the population was increasing with such rapidity that it was impossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 in 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000 whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's and the Second World War. The census of 1931 returned the population as 298,000, and the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

The Registrar General's estimate of population since the 1951 census has been as follows:

| Year | | | | Population |
|------|----|----|----|------------|
| 1952 | .. | .. | .. | 288,000 |
| 1953 | .. | .. | .. | 286,600 |
| 1954 | .. | .. | .. | 286,500 |
| 1955 | .. | .. | .. | 286,400 |
| 1956 | .. | .. | .. | 286,400 |
| 1957 | .. | .. | .. | 287,000 |
| 1958 | .. | .. | .. | 287,800 |

It is worthy of note that during the years 1953–1956, when the number of live births was 503, 349, 536 and 773 in excess of the number of deaths, the Registrar General estimated a yearly decrease in population of 100 persons, until 1956, when the population was given at the same figure as in 1955. In 1957 and 1958 live births were 916 and 993 in excess of the number of deaths.

Employment in Bradford

We are indebted to Miss M. Gething, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:

TABLE 1 *Estimated Numbers of Insured Employees aged 15 and over in the Bradford Employment Exchange Area in June 1958.*

| Industry | Males | Females | Total |
|--|--------|---------|---------|
| Agriculture | 202 | 13 | 215 |
| Mining and Quarrying | 97 | 2 | 99 |
| Bricks, Earthenware, Glass, etc. | 302 | 41 | 343 |
| Chemical and Allied Trades | 955 | 448 | 1,403 |
| Metal Manufacture | 1,225 | 119 | 1,344 |
| Engineering and Electrical Goods | 12,821 | 2,575 | 15,396 |
| Vehicles, Parts, etc. | 4,869 | 965 | 5,834 |
| Other Metal Goods | 1,723 | 329 | 2,052 |
| Precision Instruments | 84 | 29 | 113 |
| Textiles | 27,495 | 25,599 | 53,094 |
| Leather, Fur | 70 | 40 | 110 |
| Clothing | 563 | 2,635 | 3,198 |
| Food, Drink, Tobacco | 2,501 | 1,202 | 3,703 |
| Wood, Furniture, etc. | 1,688 | 356 | 2,044 |
| Paper and Printing | 2,250 | 1,838 | 4,088 |
| Other Manufactures | 73 | 63 | 136 |
| Building and Civil Engineering | 5,035 | 211 | 5,246 |
| Gas, Electricity, Water | 2,643 | 192 | 2,835 |
| Transport and Communication | 5,827 | 818 | 6,645 |
| Distributive Trades | 9,468 | 7,340 | 16,808 |
| Insurance, Banking and Finance | 1,844 | 1,422 | 3,266 |
| National and Local Government | 4,137 | 2,462 | 6,599 |
| Professional Services | 2,854 | 5,184 | 8,038 |
| Miscellaneous Services | 2,463 | 6,409 | 8,872 |
| Ex-Servicemen (not allocated) | 35 | — | 35 |
| Total | 91,224 | 60,292 | 151,516 |

(The figures are estimates based partly on the number of national insurance cards exchanged in the quarter beginning June 1958 and partly on returns rendered by employers of five or more workpeople showing the number of insurance cards held by them. Adjustments have been made, so far as information is available, in respect of cards held by employers relating to workers in other districts and *vice versa*.)

The table shows that there are 151,516 persons aged 15 and over in employment in the city. The following table shows the equivalent number for the last nine years, with the percentage of the total population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Total Population, 1950-1958.*

| | | | | No. of Persons Employed | Percentage of Population |
|------|----|----|----|----------------------------|-----------------------------|
| 1950 | .. | .. | .. | 145,937 | 49.6 |
| 1951 | .. | .. | .. | 155,153 | 53.0 |
| 1952 | .. | .. | .. | 147,154 | 51.0 |
| 1953 | .. | .. | .. | 147,854 | 51.5 |
| 1954 | .. | .. | .. | 149,332 | 52.1 |
| 1955 | .. | .. | .. | 147,649 | 51.6 |
| 1956 | .. | .. | .. | 152,426 | 52.8 |
| 1957 | .. | .. | .. | 153,210 | 53.4 |
| 1958 | .. | .. | .. | 151,516 | 52.6 |

Meteorology

Bradford is situated in a bowl-shaped depression on the east side of the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. at Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1958 the average of the monthly mean temperatures was 47.3 deg.F., which is about the average for previous years.

Rainfall amounted to 39.06 inches. The driest month was November (0.75 inches), and the wettest month was February (5.60 inches). The average monthly rainfall was 3.25 inches, compared with the normal average of about 2.83 inches. The heaviest daily rainfall was recorded on 1st July, when 1.19 inches fell. This represented nearly one third of the total rainfall for that month.

There were 1,111 hours of bright sunshine, which is below the average for a long period. The sunniest month was July with 159.6 hours, December, the month with the least sun, had only 17.2 hours. Maximum daily sunshine recorded in the year was on 7th July (13.9 hours).

During the year snow fell on 13 days and lay on the ground for a total period of 33 days.

Intermittent showers caused snow to lie on the ground for 6 days in March/April.

Fog was observed on 36 days during the year. November, with 11 days, was the worst month.

Vital Statistics

The following are the vital statistics for 1958, with comparable figures for 1957:

| | 1957 | 1958 |
|--|---------|---------|
| Estimated population | 287,000 | 287,800 |
| Comparability factors—births | 1.00 | 1.00 |
| deaths | 0.98 | 0.97 |
| Births (total live and still) | 5,109 | 5,109 |
| Births—live | 4,973 | 4,988 |
| still | 136 | 121 |
| Crude live birth rate per 1,000 population | 17.30 | 17.75 |
| Live Birth rate as adjusted by factor | 17.30 | 17.75 |
| Deaths | 4,057 | 3,995 |
| Crude death rate per 1,000 population | 14.10 | 13.88 |
| Death rate as adjusted by factor | 13.80 | 13.46 |
| Infant deaths | 144 | 151 |
| Infantile mortality rate per 1,000 live births | 28.90 | 30.30 |
| Infantile mortality rate per 1,000 legitimate live births | 28.70 | 30.40 |
| Infantile mortality rate per 1,000 illegitimate live births | 32.00 | 28.20 |
| Neo-natal mortality rate per 1,000 live births | 15.00 | 18.60 |
| Stillbirth rate per 1,000 total births | 26.60 | 23.70 |
| Stillbirth rate per 1,000 total legitimate births | 25.50 | 25.50 |
| Stillbirth rate per 1,000 total illegitimate births | 42.00 | 48.30 |
| Peri-natal mortality rate per 1,000 total births | 36.20 | 39.30 |
| Deaths due to pregnancy, childbirth or abortion | 1 | 2 |
| Maternal mortality rate per 1,000 total births | 0.19 | 0.40 |
| Tuberculosis rates per 1,000 population: | | |
| (a) primary notifications—respiratory | 0.79 | 0.80 |
| non-respiratory | 0.07 | 0.11 |
| (b) deaths—respiratory | 0.08 | 0.10 |
| non-respiratory | 0.01 | 0.02 |
| Cancer of the lung, bronchus—death rate per 1,000 population | 0.45 | 0.52 |

Births

Births registered during the year numbered 5,109 (2,604 males and 2,505 females). The birth rate is 17.7 per thousand of the population, compared with 17.3 in 1957.

In Bradford the birth rate reached an average of 31 in 1881–85. Its movement since that time is shown in the following table:

TABLE 3 *Birth Rates, Bradford, 1881-1958*

| Period | Rate |
|-----------------|------|
| 1881-85 | 31.1 |
| 1886-90 | 29.8 |
| 1891-95 | 27.5 |
| 1895-1900 | 25.1 |
| 1901-05 | 22.6 |
| 1906-10 | 20.1 |
| 1911-15 | 19.0 |
| 1916-20 | 15.4 |
| 1921-25 | 17.9 |
| 1926-30 | 15.2 |
| 1931-35 | 13.5 |
| 1936-40 | 13.1 |
| 1941-45 | 14.5 |
| 1946 | 19.3 |
| 1947 | 22.2 |
| 1948 | 18.8 |
| 1949 | 17.3 |
| 1950 | 16.7 |
| 1951 | 16.4 |
| 1952 | 15.9 |
| 1953 | 15.9 |
| 1954 | 16.4 |
| 1955 | 16.2 |
| 1956 | 16.8 |
| 1957 | 17.3 |
| 1958 | 17.7 |

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives the same rate of 17.7 per thousand population.

Of the 4,988 live births registered, 355 or 7.1 per cent were illegitimate. This rate has ranged from a minimum of 4.3 per cent in 1906 to a maximum of 10.8 per cent in 1945.

Deaths

There were 3,995 deaths (1,983 males and 2,012 females) during the year, giving a crude mortality rate of 13.9 per thousand population. Adjustment of the figure by the area comparability factor gives a rate of 13.5. The rate for the country as a whole is 11.7.

The following table shows the crude death rate in Bradford in the period 1886-1958:

TABLE 4

| Period | Rate |
|-----------------|------|
| 1886-90 | 20.9 |
| 1891-95 | 19.7 |
| 1896-1900 | 17.9 |
| 1901-05 | 16.3 |
| 1906-10 | 15.1 |
| 1911-15 | 15.5 |
| 1916-20 | 16.0 |
| 1921-25 | 14.1 |
| 1926-30 | 14.2 |
| 1931-35 | 14.1 |
| 1936-40 | 14.7 |
| 1941-45 | 14.2 |
| 1946 | 14.4 |
| 1947 | 14.7 |
| 1948 | 13.4 |
| 1949 | 14.5 |
| 1950 | 14.2 |
| 1951 | 15.4 |
| 1952 | 13.7 |
| 1953 | 14.2 |
| 1954 | 14.8 |
| 1955 | 14.0 |
| 1956 | 14.1 |
| 1957 | 14.1 |
| 1958 | 13.9 |

The Bradford rate is usually about 2.0 per thousand higher than the rate for the country as a whole.

The following table shows the distribution of deaths by separate age groups for the past nine years.

TABLE 5 *Deaths by Separate Age Groups, Bradford, 1950-1958*

| Age | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0-1 .. | 185 | 208 | 152 | 169 | 141 | 130 | 135 | 144 | 151 |
| 1-5 .. | 46 | 33 | 29 | 24 | 19 | 12 | 13 | 27 | 20 |
| 5-15 .. | 25 | 17 | 18 | 21 | 13 | 17 | 22 | 18 | 23 |
| 15-25 .. | 42 | 33 | 20 | 23 | 22 | 25 | 22 | 28 | 20 |
| 25-45 .. | 205 | 189 | 156 | 174 | 142 | 157 | 181 | 161 | 152 |
| 45-65 .. | 1,031 | 1,070 | 938 | 966 | 957 | 880 | 959 | 1,007 | 971 |
| 65-75 .. | 1,181 | 1,244 | 1,087 | 1,108 | 1,197 | 1,157 | 1,115 | 1,146 | 1,101 |
| Over 75 .. | 1,458 | 1,662 | 1,307 | 1,574 | 1,745 | 1,634 | 1,600 | 1,526 | 1,557 |

Table 6 shows the causes of death at different periods of life during 1958.

TABLE 6 Causes of Death at Different Periods of Life, 1958

| Disease | AGE GROUPS (both sexes) | | | | | | | Over 75 | Total Males | Total Females | Total Total |
|---|-------------------------|-----|------|-------|-------|-------|-------|---------|-------------|---------------|-------------|
| | 0-1 | 1-5 | 5-15 | 15-25 | 25-45 | 45-65 | 65-75 | | | | |
| 1. Tuberculosis, respiratory | - | - | - | - | 8 | 10 | 8 | 2 | 23 | 5 | 28 |
| 2. Tuberculosis, other | - | - | 1 | - | 2 | 3 | 1 | - | 6 | 1 | 7 |
| 3. Syphilitic disease | - | - | - | - | 1 | 2 | 1 | 1 | 5 | - | 5 |
| 4. Diphtheria | - | - | - | - | - | - | - | - | - | - | - |
| 5. Whooping cough | - | - | - | - | - | - | - | - | - | - | - |
| 6. Meningococcal infections | - | - | - | - | - | - | - | - | - | - | - |
| 7. Acute poliomyelitis | - | - | - | - | - | - | - | - | - | - | - |
| 8. Measles | - | - | - | - | - | - | - | - | - | - | - |
| 9. Other infective and parasitic diseases | - | 2 | 3 | - | 1 | 3 | 1 | 1 | 4 | 7 | 11 |
| 10. Malignant neoplasm, stomach.. .. | - | - | - | - | 2 | 24 | 27 | 28 | 41 | 40 | 81 |
| 11. do. lung, bronchus | - | - | - | - | 8 | 76 | 51 | 15 | 123 | 27 | 150 |
| 12. do. breast | - | - | - | - | 2 | 38 | 17 | 16 | - | 73 | 73 |
| 13. do. uterus | - | - | - | - | 1 | 15 | 8 | 7 | - | 31 | 31 |
| 14. Other malignant and lymphatic neoplasms | 2 | 1 | 3 | 2 | 19 | 118 | 93 | 80 | 170 | 148 | 318 |
| 15. Leukaemia, aleukaemia | - | 1 | 1 | 1 | 4 | 7 | 1 | - | 8 | 7 | 15 |
| 16. Diabetes | - | - | - | - | 4 | 7 | 6 | 16 | 12 | 21 | 33 |
| 17. Vascular lesions of nervous system | - | - | 1 | 1 | 8 | 96 | 173 | 252 | 194 | 337 | 531 |
| 18. Coronary disease; angina | - | - | - | - | 15 | 199 | 253 | 259 | 411 | 315 | 726 |
| 19. Hypertension with heart disease | - | - | - | - | 2 | 27 | 49 | 57 | 64 | 71 | 135 |
| 20. Other heart disease | - | - | - | - | 12 | 78 | 115 | 356 | 235 | 326 | 561 |
| 21. Other circulatory disease | - | 1 | - | 1 | 6 | 28 | 45 | 93 | 54 | 120 | 174 |
| 22. Influenza | - | - | - | - | - | 1 | 1 | 3 | 1 | 4 | 5 |
| 23. Pneumonia | 30 | 6 | 2 | 1 | 3 | 34 | 70 | 127 | 129 | 144 | 273 |

TABLE 6 Causes of Death at Different Periods of Life, 1958—continued

| TABLE 6 Causes of Death at Different Periods of Life, 1965—1999 | | | | | | | | | | | | | | |
|---|-------------------------|-----|------|-------|-------|-------|-------|------|------|------|---------|-------------|---------------|-------|
| Disease | AGE GROUPS (both sexes) | | | | | | | | | | Over 75 | Total Males | Total Females | Total |
| | 0-1 | 1-5 | 5-15 | 15-25 | 25-45 | 45-65 | 65-75 | 75 | | | | | | |
| 24. Bronchitis | 4 | — | — | — | 5 | 66 | 76 | 81 | 162 | 70 | 232 | | | |
| 25. Other diseases of respiratory system | 1 | — | — | — | 3 | 21 | 14 | 13 | 38 | 14 | 52 | | | |
| 26. Ulcer of stomach and duodenum | — | — | — | — | 1 | 10 | 6 | 10 | 19 | 8 | 27 | | | |
| 27. Gastritis, enteritis and diarrhoea | 6 | — | — | 1 | — | 3 | 5 | 3 | 7 | 11 | 18 | | | |
| 28. Nephritis and nephrosis | — | — | — | 2 | 1 | 5 | 9 | 7 | 11 | 13 | 24 | | | |
| 29. Hyperplasia of prostate | — | — | — | — | — | 1 | 2 | 7 | 10 | — | 10 | | | |
| 30. Pregnancy, childbirth, abortion | — | — | — | — | 2 | — | — | — | — | 2 | 2 | | | |
| 31. Congenital malformations | 18 | 2 | — | 2 | 1 | 4 | — | — | 17 | 10 | 27 | | | |
| 32. Other defined and ill-defined diseases | 87 | — | 4 | 2 | 11 | 52 | 45 | 100 | 146 | 155 | 301 | | | |
| 33. Motor vehicle accidents | — | 3 | 2 | 5 | 9 | 13 | 10 | 5 | 36 | 11 | 47 | | | |
| 34. All other accidents | 3 | 4 | 6 | — | 12 | 16 | 10 | 16 | 41 | 26 | 67 | | | |
| 35. Suicide | — | — | — | — | 8 | 14 | 4 | 2 | 15 | 13 | 28 | | | |
| 36. Homicide and operations of war | — | — | — | 2 | 1 | — | — | — | 1 | 2 | 3 | | | |
| Totals | 151 | 20 | 23 | 20 | 152 | 971 | 1101 | 1557 | 1983 | 2012 | 3995 | | | |

The following table shows the relative frequency of the principal causes of death during 1958, with the comparative frequencies for 1957:

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1958*

| Cause of Death | Number | % of total deaths | |
|---|--------|-------------------|-------|
| | | 1958 | 1957 |
| Heart disease | 1,422 | 35.59 | 34.29 |
| Cancer | 668 | 16.72 | 16.15 |
| Vascular lesions of nervous system .. | 531 | 13.29 | 13.23 |
| Pneumonia | 273 | 6.83 | 9.08 |
| Bronchitis | 232 | 5.81 | 6.32 |
| Other circulatory diseases | 174 | 4.36 | 2.71 |
| Violence | 145 | 3.63 | 3.77 |
| Other diseases of respiratory system .. | 52 | 1.30 | 0.86 |
| Tuberculosis | 35 | 0.88 | 0.64 |
| Diabetes | 33 | 0.83 | 0.60 |
| Ulcer of stomach and duodenum | 27 | 0.68 | 0.83 |
| Congenital malformations | 27 | 0.68 | 0.80 |
| Nephritis and nephrosis | 24 | 0.60 | 0.83 |
| Influenza | 5 | 0.13 | 1.08 |
| Other defined and ill-defined diseases .. | 301 | 7.53 | 7.02 |

The remaining 1.14 per cent of deaths are attributed to the causes numbered 3-9 inclusive; 27, 29 and 30 in Table 6.

Causes of death responsible for greater and smaller percentages of total deaths than in 1957 are as follows:—

| Greater | Smaller |
|--|-------------------------------|
| Heart disease | Pneumonia |
| Cancer | Bronchitis |
| Vascular lesions of nervous system | Violence |
| Other circulatory diseases | Ulcer of stomach and duodenum |
| Other diseases of respiratory system | Congenital malformations |
| Tuberculosis | Nephritis and nephrosis |
| Diabetes | Influenza |
| Other defined and ill-defined diseases | |

The number of deaths from tuberculosis and from the common infectious diseases of childhood continues to fall. Deaths from the communicable diseases generally, however, have risen during the last few years, due almost entirely to increased mortality from pneumonia. Table 11 shows such increase. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and 65.6 per cent of deaths were due to these diseases.

Heart Disease

Deaths from coronary disease and angina pectoris during the last nine years have been as follows:—

TABLE 8

| Year | | | Number |
|------|----|----|--------|
| 1950 | .. | .. | 528 |
| 1951 | .. | .. | 542 |
| 1952 | .. | .. | 556 |
| 1953 | .. | .. | 510 |
| 1954 | .. | .. | 614 |
| 1955 | .. | .. | 628 |
| 1956 | .. | .. | 712 |
| 1957 | .. | .. | 677 |
| 1958 | .. | .. | 726 |

Cancer, Malignant Neoplasms (including leukaemia and aleukaemia)

There were 668 deaths; a number which differs little from the numbers reported in the last ten years.

The following table shows the increase in the incidence of death from cancer of the lung and bronchus:—

TABLE 9

| Year | | | Number | Males | Females |
|------|----|--|--------|-------|---------|
| 1932 | .. | | 18 | | |
| 1936 | .. | | 36 | | |
| 1940 | .. | | 42 | | |
| 1949 | .. | | 82 | | |
| 1950 | .. | | 94 | | |
| 1951 | .. | | 106 | 88 | 18 |
| 1952 | .. | | 94 | 74 | 20 |
| 1953 | .. | | 104 | 91 | 13 |
| 1954 | .. | | 103 | 89 | 14 |
| 1955 | .. | | 130 | 110 | 20 |
| 1956 | .. | | 133 | 116 | 17 |
| 1957 | .. | | 130 | 120 | 10 |
| 1958 | .. | | 150 | 123 | 27 |

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 531 deaths (194 males and 337 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1948-1958:

TABLE 10

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|----------|------|------|------|------|------|------|------|------|------|------|------|
| Males .. | 196 | 240 | 236 | 229 | 240 | 241 | 260 | 216 | 207 | 237 | 194 |
| Females | 221 | 287 | 334 | 341 | 301 | 336 | 366 | 325 | 313 | 300 | 337 |
| Total .. | 417 | 527 | 570 | 570 | 541 | 577 | 626 | 541 | 520 | 537 | 531 |

There has been no significant alteration in the death rate from intracranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1948-1958:

TABLE 11

Pneumonia

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|----------|------|------|------|------|------|------|------|------|------|------|------|
| Males .. | 93 | 100 | 70 | 112 | 76 | 110 | 96 | 144 | 154 | 160 | 129 |
| Females | 80 | 104 | 76 | 97 | 53 | 90 | 108 | 120 | 186 | 208 | 144 |
| Total .. | 173 | 204 | 146 | 209 | 129 | 200 | 204 | 264 | 340 | 368 | 273 |

Bronchitis

| | | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Males .. | 142 | 167 | 177 | 209 | 92 | 197 | 189 | 186 | 186 | 190 | 70 |
| Females | 99 | 96 | 90 | 130 | 51 | 98 | 107 | 86 | 80 | 66 | 162 |
| Total .. | 241 | 263 | 267 | 339 | 143 | 295 | 296 | 272 | 266 | 256 | 232 |

In the past ten years there has been no significant alteration in the death rate from bronchitis. In the period 1954-1958 pneumonia has been responsible for 4.8, 6.6, 8.4, 9.1 and 6.8 per cent of total deaths, respectively.

Violence

Deaths from violence numbered 145. Suicide accounted for 28, motor vehicle accidents 47, and other accidents, etc., 70.

Tuberculosis

There were 28 deaths from respiratory tuberculosis giving a crude death rate of 0.10, and 7 deaths from other forms of tuberculosis, giving a crude death rate of 0.02 per thousand population.

The crude death rate from all forms of tuberculosis was 0.12.

The following table shows the number of deaths from all forms of tuberculosis and the nortality rate per thousand population for Bradford in the period 1948-1958:

TABLE 12

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|-----------|------|------|------|------|------|------|------|------|------|------|------|
| Deaths .. | 141 | 141 | 109 | 105 | 73 | 50 | 38 | 32 | 29 | 26 | 35 |
| Rate .. | 0.49 | 0.48 | 0.37 | 0.36 | 0.26 | 0.17 | 0.13 | 0.11 | 0.10 | 0.09 | 0.12 |

The following table shows the number of deaths from pulmonary tuberculosis and the mortality rate per thousand population for Bradford in the same period.

TABLE 13

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|--------|------|------|------|------|------|------|------|------|------|------|------|
| Deaths | 121 | 119 | 92 | 86 | 61 | 40 | 32 | 29 | 26 | 23 | 28 |
| Rate | 0.42 | 0.41 | 0.31 | 0.28 | 0.23 | 0.14 | 0.11 | 0.10 | 0.09 | 0.08 | 0.10 |

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notification of respiratory tuberculosis during 1958 numbered 226, a notification rate of 0.80 per thousand population. The number for non-respiratory was 33 and the rate 0.11.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the general preponderance of deaths among males in the diseases of the respiratory tract:

| Disease | Deaths | |
|--|-----------|-----------|
| | Males | Females |
| Respiratory tuberculosis | 23 | 5 |
| Malignant neoplasm, lung, etc. | 123 | 27 |
| Bronchitis | 162 | 70 |
| Other diseases of respiratory system (excluding influenza and pneumonia) | 38 | 14 |
| | <hr/> 346 | <hr/> 116 |

During 1958 the ratio of males to females in the total deaths was 1 : 1.01 whilst the ratio in diseases of the respiratory tract was 1 : 0.34.

| Death | Infections | | | | | | | | | | Accidental Deaths | | | | | | | | | | Other Causes | | | | | | | | | | Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|------------|----|----|----|----|----|-------------|--------------|-----------|-----------|-------------------|----|---|---|----|---|---|---|---|---|--------------|---|----|---|---|---|---|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 22 | 21 | 23 | 16 | 10 | 17 | Under 1 day | Under 1 week | 1-2 weeks | 2-3 weeks | 3-4 weeks | 15 | 9 | 5 | 11 | 8 | 5 | 1 | 3 | 1 | 1 | 5 | 13 | 3 | 5 | 3 | 1 | 3 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Stillbirths and Infantile Mortality

There were 121 stillbirths—a rate of 23·7 per thousand total births, compared with the 26·6 for 1957. The rate for England and Wales was 21·6.

The illegitimate stillbirths numbered 18, giving a rate of 3·5 per thousand total births, and representing 14·9 per cent of all stillbirths. The stillbirth rate per thousand total illegitimate births was 48·3.

Infantile Mortality

In Bradford during 1958 there were 151 deaths of children under one year of age, giving an infantile mortality rate of 30·3 per thousand live births. This rate is 1·4 higher than the rate for 1957.

The rate for England and Wales is 22·6.

The following table shows the rates for Bradford in the period 1947–1958:

TABLE 14

| Year .. | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---------|------|------|------|------|------|------|------|------|------|------|------|------|
| Rate .. | 60 | 43 | 37 | 38 | 43 | 33 | 37 | 31 | 28 | 28 | 28 | 30 |

The rate for the country as a whole has shown a steady decrease for many years. The Bradford rate has shown a marked decrease over the years, but with periodical sharp increases from one year to another.

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 18·6.

Table 15 gives an analysis of infant deaths in the period 1953–1958.

Maternal Mortality

There has been a most gratifying diminution in the number of deaths due to child birth. The rate per thousand total births in 1958 is 0·40, compared with the rate for England and Wales of 0·47.

The following table shows the rate for Bradford in the period 1948–1958:

TABLE 16

| Year .. | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---------|------|------|------|------|------|------|------|------|------|------|------|
| Rate .. | 0·88 | 1·35 | 1·40 | 1·23 | 0·84 | 0·21 | 0·42 | 0·43 | 0·41 | 0·19 | 0·40 |

Table 17 shows net deaths of infants from stated causes in the period 1955-1958.

Infant Deaths

TABLE 17 *Net Deaths from Stated Causes, 1955-1958.*

(According to Departmental Records)

| International List No. | Cause of Death | 1955 | 1956 | 1957 | 1958 |
|---------------------------|--|------|------|------|------|
| A3 | Tuberculosis of the intestines | 1 | — | — | — |
| A23 | Meningococcal infections | 1 | 2 | — | — |
| A32 | Measles | 1 | — | — | — |
| A51 | Malignant neoplasm of breast | — | 1 | — | — |
| A57 | Malignant neoplasm | — | 1 | — | 2 |
| A65 | Anaemias | — | — | 1 | — |
| A66 | Allergic disorders | — | 1 | 1 | — |
| A69 | Mental deficiency | — | — | 1 | — |
| A71 | Non-meningococcal meningitis | — | — | — | 1 |
| A73 | Epilepsy | — | — | — | 2 |
| A78 | Diseases of the nervous system | 1 | — | — | 1 |
| A88 | Influenza | — | 1 | — | — |
| A89 | Lobar pneumonia | — | — | — | 1 |
| A90 | Broncho pneumonia | 16 | 17 | 33 | 27 |
| A92 | Acute bronchitis | — | 1 | 1 | 3 |
| A95 | Abscess of the lung | 1 | — | — | 1 |
| A103 | Intestinal obstruction and hernia | — | — | 1 | — |
| A104 | Gastro-enteritis and colitis, except diarrhoea of the newborn | 1 | 5 | 6 | 6 |
| A107 | Diseases of the digestive system | — | 2 | 2 | — |
| A108 | Acute nephritis | 1 | — | — | — |
| A110 | Infections of the kidney | — | — | 1 | — |
| A126 | Diseases of the skin and musculoskeletal system | — | — | 1 | — |
| A127 | Spina bifida and meningocele | 2 | 3 | 3 | 3 |
| A128 | Congenital malformations of the circulatory system | 12 | 9 | 6 | 1 |
| A129 | All other congenital malformations | 13 | 5 | 7 | 7 |
| A130 | Birth injuries | 14 | 12 | 15 | 16 |
| A131 | Post-natal asphyxia and atelectasis | 6 | 18 | 19 | 29 |
| A132 | Infections of the newborn | 5 | 11 | 7 | 5 |
| A133 | Haemolytic disease of the newborn | 5 | 6 | 2 | 5 |
| A134 | All other defined diseases of early infancy .. | 3 | — | 1 | — |
| A135 | Ill-defined diseases peculiar to early infancy and immaturity unqualified | 30 | 35 | 21 | 25 |
| A137 | Ill-defined and unknown causes of morbidity and mortality | 1 | 1 | 3 | — |
| AE138 | Motor vehicle accidents | 1 | — | — | — |
| AE141 | Accidental falls | — | — | 1 | — |
| AE147 | Other accidental causes | 12 | 3 | 4 | — |
| | | 127 | 134 | 137 | 14 |

Infectious and Other Diseases

NOTIFIABLE AND OTHER DISEASES

WHOOPING COUGH

ACUTE ANTERIOR POLIOMYELITIS

SCARLET FEVER

MEASLES

MENINGOCOCCAL INFECTION

ACUTE ENCEPHALITIS

PUERPERAL PYREXIA

OPHTHALMIA NEONATORUM

PEMPHIGUS

ERYSIPELAS

PNEUMONIA

INFECTIVE ENTERITIS

BACILLARY DYSENTERY

FOOD POISONING AND SALMONELLOSIS

TUBERCULOSIS

BRADFORD CHEST CLINIC

VACCINATION AND IMMUNISATION

VENEREAL DISEASES

TABLE 1 *Number of Notifications of Infectious Diseases, 1938-1958*

| | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|----------------------------|-------|------|-------|-------|-------|-------|------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Scarlet Fever .. | 896 | 771 | 309 | 302 | 946 | 1,543 | 820 | 703 | 409 | 464 | 765 | 531 | 490 | 291 | 626 | 872 | 514 | 332 | 354 | 243 | 398 |
| Measles .. | 4,724 | 742 | 3,760 | 1,734 | 5,328 | 803 | 551 | 4,449 | 64 | 4,808 | 1,027 | 3,406 | 3,018 | 3,771 | 3,401 | 2,822 | 887 | 5,414 | 232 | 5,636 | 576 |
| Whooping Cough .. | 1,713 | 193 | 491 | 1,958 | 1,348 | 781 | 494 | 682 | 942 | 631 | 1,404 | 347 | 1,623 | 1,273 | 634 | 1,564 | 617 | 324 | 1,167 | 515 | 263 |
| Poliomyelitis .. | — | 1 | 2 | — | 2 | — | 4 | — | 3 | 86 | 8 | 29 | 52 | 12 | 13 | 15 | 8 | 40 | 8 | 28 | 28 |
| Meningococcal Infection | 13 | 6 | 67 | 72 | 85 | 32 | 41 | 24 | 16 | 24 | 14 | 12 | 7 | 3 | 4 | 1 | 7 | — | 11 | 3 | 9 |
| Enteric Fever .. | 4 | 28 | 26 | 13 | 8 | 2 | 2 | 3 | 8 | 4 | — | — | — | 110 | 2 | — | 3 | — | 8 | 2 | — |
| Dysentery .. | 33 | 72 | 129 | 102 | 213 | 86 | 76 | 101 | 61 | 16 | 138 | — | 574 | 322 | 175 | 526 | 637 | 212 | 485 | 812 | 403 |
| Infective Enteritis .. | 22 | 41 | 5 | 11 | 13 | 2 | 2 | 252 | 98 | 259 | 212 | 167 | 445 | 372 | 253 | 550 | 1,022 | 1,029 | 1,147 | 1,405 | 1,392 |
| Puerperal Pyrexia .. | 57 | 67 | 82 | 43 | 30 | 24 | 25 | 22 | 25 | 40 | 47 | 23 | 24 | 13 | 20 | 24 | 23 | 45 | 27 | 26 | 15 |
| Ophthalmia Neonatorum | 21 | 12 | 15 | 19 | 13 | 20 | 13 | 15 | 36 | 29 | 25 | 16 | 20 | 12 | 9 | 3 | 9 | 7 | 9 | 6 | 7 |
| Pemphigus .. | — | 1 | 18 | 6 | 3 | — | 8 | — | — | — | — | — | — | 2 | 3 | 8 | 2 | — | — | 1 | — |
| Erysipelas .. | 168 | 159 | 147 | 138 | 121 | 123 | 115 | 90 | 95 | 104 | 104 | 101 | 119 | 103 | 97 | 91 | 78 | 50 | 63 | 57 | 54 |
| Pulmonary Tuberculosis.. | 104 | 237 | 161 | 167 | 195 | 182 | 150 | 165 | 170 | 168 | 207 | 276 | 149 | 230 | 280 | 305 | 252 | 254 | 244 | 226 | 231 |
| Non-Pulmonary Tuberculosis | 84 | 61 | 30 | 41 | 75 | 51 | 30 | 45 | 55 | 64 | 61 | 83 | 67 | 58 | 53 | 54 | 31 | 25 | 22 | 24 | 32 |
| Pneumonia .. | 428 | 342 | 382 | 490 | 506 | 430 | 195 | 251 | 241 | 289 | 338 | 445 | 399 | 404 | 407 | 476 | 464 | 382 | 449 | 545 | 349 |
| Diphtheria .. | 631 | 353 | 246 | 317 | 361 | 588 | 717 | 441 | 144 | 37 | 15 | 19 | — | 1 | — | — | — | — | 3 | — | — |

Infectious and Other Diseases

W. EDGAR, M.B., CH.B., D.P.H., D.C.H.

Deputy Medical Officer of Health

The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, infective enteritis, malaria, measles, membranous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 26 of the Food and Drugs Act, 1955.

The numbers of notifications of infectious diseases received in the period 1938-1958 are shown in Table 1.

The age distribution of cases of infectious diseases is shown in Table 4 of the Appendix.

The total notifications of infectious diseases numbered 3,863 compared with 9,818 in 1957.

Whooping Cough

Cases 263. Deaths 0.

Notifications of whooping cough have shown a marked decrease during recent years.

| 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|-------|------|------|-------|------|------|
| 1,564 | 617 | 324 | 1,167 | 515 | 263 |

It is difficult to say to what extent this is related to the programme of vaccination against whooping cough which has been under way in Bradford since 1953. This disease is at its most serious and fatal in the very young child during the first six months of life, and vaccination should therefore be given as early as possible. The damage to the lungs sustained by infants during the severe paroxysms of this disease are frequently the initial stages of chronic chest trouble in later life. It is therefore pleasing to report the continued fall in the incidence of this disease.

Acute Anterior Poliomyelitis

Cases 28. Deaths 0.

The incidence of poliomyelitis during the year is shown in the following table:

| Age | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|-------------|------|------|------|------|-----|------|------|------|-------|------|------|------|
| Under 15 .. | 1 | — | — | 1 | — | 1 | 5 | 2 | 4 | 6 | 2 | — |
| Over 15 .. | — | — | — | — | — | — | 4 | 1 | 1 | — | — | — |

The maximum incidence occurred in children under 15 years of age during the months of July to November. It is interesting to record that only one child under 15 years of age out of 33,000 vaccinated children in the city contracted poliomyelitis, compared with 22 out of 31,000 unvaccinated children in the same age group during the year. The vaccinated child had a mild degree of foot drop which is fairly typical of this disease, and has made a complete recovery.

No form of vaccination can guarantee complete protection against the disease concerned. What vaccination and immunisation do promise is that if a child contracts the disease it is likely to be less serious than if the child had not been protected.

Scarlet Fever

Cases 398. Deaths 0.

During the year 398 cases were notified compared with 243 in 1957. The disease known as scarlet fever today bears little clinical resemblance to the same disease of 20 years ago. Indeed, the indications for hospitalisation today are usually social and not medical. This change cannot be attributed to any vaccination or immunisation programme, and it is unlikely that the introduction of modern drugs in recent years provides the whole story.

Measles

Cases 576. Deaths 0.

The number of measles cases notified was in keeping with a "non-measles" year. The age distribution of cases was as follows:

| | | |
|---------|-----|--------|
| Under 1 | 1-4 | Over 5 |
| 27 | 326 | 223 |

Meningococcal Infection

Cases 9. Deaths 0.

Encephalitis

Cases 2. Deaths 0.

Exanthematous Pyrexia

Cases 15. Deaths 0.

The 15 notified cases compares with 27 and 26 notified cases during 1956 and 1957 respectively.

Ophthalmia Neonatorum

Cases 7. Deaths 0.

Erysipelas

Cases 54. Deaths 0.

Pneumonia

Cases 349 Deaths 273.

The *notified* cases of pneumonia were distributed throughout the year as follows:

| Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|------|------|------|------|-----|------|------|------|-------|------|------|------|
| 62 | 39 | 57 | 23 | 20 | 14 | 15 | 22 | 13 | 17 | 28 | 39 |

Infective Enteritis

Cases 1,392. Deaths 18.

The incidence of this illness has remained remarkably constant during recent years. The main incidence is in young infants, and the disease was made notifiable in Bradford many years ago.

The purpose of notification is to obtain information concerning this illness in infants which is often serious, in order to obtain satisfactory assistance and advice if the child is nursed at home.

Dysentery

Cases 403. Deaths 0.

This disease remains one of the concomitants of infancy and early childhood, particularly where children congregate together in day nurseries, nursery schools and infant departments of ordinary schools. Attempts at controlling the spread of infection have never proved very satisfactory since the disease is frequently asymptomatic and well-established before the first clinical case is brought to light. All admissions to day nurseries are examined to exclude this disease, which nevertheless re-appears from time to time. When it effects older children and adults the interference with schooling or employment can be considerable if one insists on three consecutive negative specimens as the criterion of freedom from infection.

Food Poisoning and Salmonellosis

Summary of Details, 1958

1. (a) Food Poisoning Notifications (corrected) as returned to the Registrar General

| 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Total |
|-------------|-------------|-------------|-------------|-------|
| — | 3 | 1 | — | 4 |

(b) Cases Otherwise Ascertained

| 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Total |
|-------------|-------------|-------------|-------------|-------|
| — | — | — | — | — |

(c) Fatal Cases

| 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Total |
|-------------|-------------|-------------|-------------|-------|
| — | — | — | — | — |

2. Particulars of Outbreaks

| | No. of outbreaks | | No. of Cases | | Total No. of Cases |
|-------------------------|------------------|-------|--------------|-----------------------|--------------------|
| | Family | Other | Notified | Otherwise Ascertained | |
| Agent identified .. | 1 | — | 3 | — | 3 |
| Agent not identified .. | — | — | — | — | — |

3. Single Cases

| | | | | No. of Cases | | Total No. of Cases |
|----------------------------|----|----|---|--------------|-----------------------|--------------------|
| | | | | Notified | Otherwise Ascertained | |
| Agent identified .. | .. | .. | 1 | — | — | 1 |
| Agent not identified .. | .. | .. | — | — | — | — |
| (a) Chemical poisons .. | .. | .. | — | — | — | — |
| (b) Salmonella bredeney .. | .. | .. | — | — | 3 | — |
| (c) Staphylococci .. | .. | .. | — | — | 1 | — |
| (d) Cl. botulinum .. | .. | .. | — | — | — | — |
| (e) Cl. welchii .. | .. | .. | — | — | — | — |
| (f) Other bacteria .. | .. | .. | — | — | — | — |

4. Salmonella Infections, not Food-borne

| Salmonella (type) | Outbreaks | | No. of cases (outbreaks) | Single cases | Total number of cases (outbreaks and single cases) |
|-------------------|-----------|-------|--------------------------|--------------|--|
| | Family | Other | | | |
| Heidelberg .. | 16 | — | 44 | 22 | 66 |
| Typhimurium .. | 9 | — | 25 | 13 | 38 |
| Thompson .. | — | — | — | 2 | 2 |
| Idikan .. | — | — | — | 1 | 1 |
| Totals .. | 25 | — | 69 | 38 | 107 |

Although these cases have been included here, there appears little doubt that some were due to meat or meat products. The source of infection could not be conclusively identified but the cases of Salm. heidelberg were concurrent with the isolation of this organism from meat specimens from the central abattoir.

Tuberculosis

The following are the principal statistics in respect of tuberculosis for the year:

Respiratory Tuberculosis

| | | | | |
|---|----|----|----|-----|
| Primary notifications of new cases | .. | .. | .. | 226 |
| New cases coming to knowledge from other sources* | .. | .. | .. | 8 |
| Total | .. | .. | .. | 234 |

Non-respiratory Tuberculosis

| | | | | |
|---|----|----|----|----|
| Primary notifications of new cases | .. | .. | .. | 33 |
| New cases coming to knowledge from other sources* | .. | .. | .. | 5 |
| Total | .. | .. | .. | 38 |

Total notifications, all sources, respiratory and non-respiratory 272

| | | | |
|--------------------------|-----------------|-----------------------|---------|
| | | Number Rate per 1,000 | |
| Deaths—old and new cases | Respiratory | .. | 28 0.10 |
| | Non-respiratory | .. | 7 0.02 |
| | Total | .. | 35 0.12 |

* From death returns from local registrars, transferable deaths from Registrar General, posthumous notifications, etc.

The following table gives tuberculosis statistics for the period 1906–1958.

| | Notifications etc. Pulmonary | | Notifications etc. Non-Pulmonary | | Total Notifi- cations, etc. | | Deaths (Old and New Cases) | | Mortality Rate per 1,000 Population | | | | |
|----------------------|---|--|---|--|--------------------------------------|--|----------------------------------|---------------|---|-----------|---------------|-------|------|
| | Primary notifications of new cases of Tuberculosis | New cases coming to knowledge other than by formal notification* | Primary notifications of new cases of Tuberculosis | New cases coming to knowledge other than by formal notification* | TOTAL | Pulmonary and Non- Pulmonary, all sources | Pulmonary | Non-Pulmonary | TOTAL | Pulmonary | Non-Pulmonary | TOTAL | |
| Quinquennial Periods | | | | | | | | | | | | | |
| 1906-10 | 439 | 44 | 483 | 127 | 17 | 144 | 627 | 237 | 44 | 281 | 1.19 | 0.46 | 1.65 |
| 1911-15 | 364 | 48 | 412 | 140 | 31 | 171 | 583 | 223 | 54 | 277 | 1.19 | 0.34 | 1.53 |
| 1916-20 | 340 | 48 | 388 | 139 | 25 | 164 | 552 | 222 | 39 | 261 | 1.16 | 0.30 | 1.46 |
| 1921-25 | 320 | 42 | 362 | 82 | 14 | 96 | 458 | 202 | 35 | 237 | 0.84 | 0.21 | 1.05 |
| 1926-30 | 300 | 40 | 340 | 91 | 13 | 104 | 444 | 185 | 19 | 204 | 0.81 | 0.17 | 0.98 |
| 1931 | 303 | 33 | 336 | 111 | 17 | 128 | 464 | 150 | 42 | 192 | 0.79 | 0.14 | 0.93 |
| 2 | 288 | 30 | 318 | 109 | 14 | 123 | 441 | 190 | 34 | 224 | 0.75 | 0.18 | 0.93 |
| 3 | 211 | 35 | 246 | 91 | 15 | 106 | 352 | 154 | 30 | 184 | 0.75 | 0.13 | 0.88 |
| 4 | 237 | 31 | 268 | 61 | 11 | 72 | 340 | 142 | 24 | 166 | 0.69 | 0.12 | 0.81 |
| 5 | 187 | 24 | 211 | 34 | 14 | 48 | 259 | 149 | 29 | 178 | 0.63 | 0.07 | 0.70 |
| 6 | 180 | 37 | 217 | 49 | 10 | 59 | 276 | 147 | 31 | 178 | 0.52 | 0.14 | 0.66 |
| 7 | 210 | 31 | 241 | 81 | 17 | 98 | 339 | 116 | 35 | 151 | 0.52 | 0.12 | 0.64 |
| 8 | 205 | 44 | 249 | 48 | 9 | 57 | 306 | 130 | 37 | 167 | 0.53 | 0.11 | 0.64 |
| 9 | 159 | 28 | 187 | 31 | 7 | 38 | 225 | 115 | 27 | 142 | 0.48 | 0.08 | 0.56 |
| 1940 | 185 | 16 | 201 | 49 | 11 | 60 | 261 | 105 | 44 | 149 | 0.44 | 0.10 | 0.54 |
| 1 | 186 | 35 | 221 | 59 | 10 | 69 | 290 | 130 | 20 | 150 | 0.40 | 0.16 | 0.56 |
| 2 | 196 | 26 | 222 | 68 | 7 | 75 | 297 | 121 | 27 | 148 | 0.46 | 0.07 | 0.53 |
| 3 | 206 | 36 | 242 | 60 | 8 | 68 | 310 | 121 | 20 | 141 | 0.42 | 0.08 | 0.50 |
| 4 | 278 | 28 | 304 | 83 | 10 | 93 | 397 | 119 | 22 | 141 | 0.41 | 0.07 | 0.48 |
| 5 | 249 | 35 | 284 | 67 | 3 | 70 | 354 | 92 | 17 | 109 | 0.31 | 0.06 | 0.37 |
| 6 | 230 | 48 | 278 | 59 | 5 | 64 | 342 | 86 | 19 | 105 | 0.30 | 0.06 | 0.36 |
| 7 | 259 | 38 | 297 | 44 | 16 | 60 | 357 | 62 | 11 | 73 | 0.23 | 0.03 | 0.26 |
| 8 | 305 | 21 | 326 | 54 | 4 | 58 | 384 | 40 | 10 | 50 | 0.14 | 0.03 | 0.17 |
| 9 | 252 | 11 | 263 | 32 | 2 | 34 | 297 | 32 | 6 | 38 | 0.11 | 0.02 | 0.13 |
| 1950 | 254 | 17 | 271 | 23 | 1 | 24 | 295 | 29 | 3 | 32 | 0.10 | 0.01 | 0.11 |
| 1 | 244 | 8 | 252 | 22 | 4 | 26 | 278 | 26 | 3 | 29 | 0.09 | 0.01 | 0.10 |
| 2 | 226 | 10 | 236 | 24 | 4 | 28 | 264 | 23 | 3 | 26 | 0.08 | 0.01 | 0.09 |
| 3 | 226 | 8 | 234 | 33 | 5 | 38 | 272 | 28 | 7 | 35 | 0.10 | 0.02 | 0.12 |

* i.e. from death returns from local registrars, transferable deaths from Registrar General, posthumous notifications.

Bradford Chest Clinic

D. K. STEVENSON, M.B., CH.B., M.R.C.P., *Senior Chest Physician*

TABLE 1 *Chest Clinic Attendances, 1953-1958*

| | 1958 | 1957 | 1956 | 1955 | 1954 | 1953 |
|---|--------|--------|--------|--------|--------|-------|
| New Patients | 5,410 | 4,195 | 4,030 | 3,492 | 2,715 | 1,734 |
| New contacts | 1,231 | 1,356 | 958 | 1,158 | 1,234 | 1,267 |
| Total New Patients | 6,641 | 5,551 | 4,988 | 4,650 | 3,949 | 3,001 |
| Clinic reattendances | 6,219 | 6,263 | 5,904 | 7,345 | 7,243 | 4,383 |
| Contact reattendances | 1,617 | 2,045 | 1,742 | — | — | — |
| Refill attendances | 694 | 1,544 | 3,064 | 4,397 | 3,286 | 2,034 |
| B.C.G. Vaccination | 553 | 529 | 461 | 318 | 246 | 162 |
| Thoracic Surgical Consultations | — | 11 | 9 | 39 | 79 | 86 |
| Total Out-Patient Attendances | 15,724 | 15,943 | 16,168 | 16,749 | 14,803 | 9,666 |
| X-ray examinations undertaken | 9,408 | 9,748 | 8,691 | 7,854 | 7,267 | 4,249 |
| Attendances at 5 x 4 Camera | 2,724 | 3,003 | 2,922 | 2,236 | 1,067 | — |
| Clinic Session held | 509 | 545 | 591 | 514 | 521 | 548 |

TABLE 2 *Total Additions and Deletions from Clinic Tuberculosis Register, 1958*

| | Respiratory Tuberculosis | Non-Respiratory Tuberculosis | Totals |
|---|--------------------------|------------------------------|--------|
| Numbers on Register on 1/1/58 | 1,974 | 165 | 2,139 |
| Inward Transfers | 44 | 1 | 45 |
| Child to Adult | 8 | — | 8 |
| Cases Rediscovered | — | — | — |
| Notifications— | | | |
| Negative secretions | 150 | 26 | 176 |
| Positive secretions | 90 | 7 | 97 |
| Total Additions | 2,266 | 199 | 2,465 |
| Recovered | 164 | 30 | 194 |
| Died | 55 | 1 | 56 |
| Outward Transfers | 29 | 2 | 31 |
| Child to Adult | 8 | — | 8 |
| Other Reasons | 56 | 6 | 62 |
| Total Deletions | 312 | 39 | 351 |
| Numbers on Register on 31/12/58 | 1,954 | 160 | 2,114 |

TABLE 3 *New Cases of Tuberculosis discovered in 1958, with comparative figures for 1957*

| | | | 1958 | | | 1957 | | |
|----------|----|----|-----------------------------|-------------------------------------|-------|-----------------------------|-------------------------------------|-------|
| | | | Respi- ratory Disease | Non- Respi- ratory Disease | Total | Respi- ratory Disease | Non- Respi- ratory Disease | Total |
| Males | .. | .. | 159 | 17 | 176 | 148 | 10 | 158 |
| Females | .. | .. | 66 | 9 | 75 | 74 | 13 | 87 |
| Children | .. | .. | 15 | 7 | 22 | 24 | 3 | 27 |
| Total | | | 240 | 33 | 273 | 246 | 26 | 272 |

TABLE 4 *Analysis of Notifications in 1958 (273)*

| | | | Males | Females | Children | Total |
|---|------------------------------|-------|-------|---------|----------|-------|
| Local Authorities— | | | | | | |
| (i) | Bradford C.B. | .. .. | 162 | 69 | 19 | 250 |
| (ii) | West Riding .. | .. .. | 14 | 6 | 3 | 23 |
| Nationality— | | | | | | |
| (i) | English | .. .. | 109 | 68 | 20 | 197 |
| (ii) | European | .. .. | 5 | 5 | — | 10 |
| (iii) | Asian .. | .. .. | 62 | 4 | — | 66 |
| Age—Children— | | | | | | |
| (i) | 15/24 | .. .. | 25 | 25 | — | 50 |
| (ii) | 25/34 .. | .. .. | 44 | 25 | — | 69 |
| (iii) | 35/44 .. | .. .. | 37 | 10 | — | 47 |
| (iv) | 45/56 .. | .. .. | 27 | 9 | — | 36 |
| (v) | 56+ .. | .. .. | 43 | 6 | — | 49 |
| Types of Disease— | | | | | | |
| (1) | Respiratory (positive sputa) | | 62 | 28 | — | 90 |
| (2) | Respiratory (negative sputa) | | 97 | 38 | 15 | 150 |
| (3) | Non-respiratory | .. .. | 17 | 9 | 7 | 33 |
| Origin of cases referred to the Clinic— | | | | | | |
| (1) | General Practitioners | .. | 55 | 22 | 8 | 85 |
| (2) | 5 x 4 Camera (G.P.s) | .. | 41 | 7 | — | 48 |
| (3) | M.M.R. Units | .. .. | 19 | 8 | 2 | 29 |
| (4) | Hospitals | .. .. | 53 | 28 | 9 | 90 |
| (5) | Contacts | .. .. | 6 | 10 | 3 | 19 |
| (6) | Medical Research Council | .. | 2 | — | — | 2 |

TABLE 5 *Deaths of Patients on Clinic Tuberculosis Register*

| | | Respiratory | Non-Respiratory | Total |
|-------------|----|-------------|-----------------|-------|
| Males .. | .. | 50 | — | 50 |
| Females .. | .. | 5 | — | 5 |
| Children .. | .. | — | 1 | 1 |
| | | — | — | — |
| Total .. | .. | 55 | 1 | 56 |
| | | — | — | — |

Analysis of all deaths:

| | Deaths due to Tuberculosis | | | | Deaths not primarily due to Tuberculosis | | | | Total |
|---|----------------------------|----|-----|-------|--|----|-----|-------|-------|
| | M. | F. | Ch. | Total | M. | F. | Ch. | Total | |
| Known cases of Tuberculosis on Clinic Register .. | 27 | 5 | 1 | 33 | 23 | — | — | 23 | 56 |
| Death Notifications .. | 4 | 1 | — | 5 | 1 | — | — | 1 | 6 |
| Totals .. | 31 | 6 | 1 | 38 | 24 | — | — | 24 | 62 |

Vaccination and Immunisation

(Section 26, *National Health Service Act*, 1946)

Smallpox Vaccination

During the year there were 1,277 primary vaccinations and 663 re-vaccinations, compared with the 1,550 primary and 647 revaccinations in 1957.

The following table shows the number of vaccinations in recent years:

| Year | | | Primary Vaccinations | Re-Vaccinations |
|------------|----|----|----------------------|-----------------|
| 1948 | .. | .. | 415 | 219 |
| 1949 | .. | .. | 246 | 104 |
| 1950 | .. | .. | 682 | 448 |
| 1951 | .. | .. | 1,043 | 761 |
| 1952 | .. | .. | 1,031 | 886 |
| 1953 | .. | .. | 32,035 | 20,828 |
| 1954 | .. | .. | 882 | 554 |
| 1955 | .. | .. | 1,159 | 453 |
| 1956 | .. | .. | 1,140 | 439 |
| 1957 | .. | .. | 1,550 | 647 |
| 1958 | .. | .. | 1,277 | 663 |

The number of vaccinations in 1958 was about the average for a normal year.

It will be remembered that the abnormally high number of vaccinations in 1953 was due to the outbreak of variola major in parts of Lancashire and Yorkshire in March.

During the year, apart from vaccinations against smallpox, 22 persons who intended to go abroad were inoculated by local authority medical officers with T.A.B. vaccine, 4 with T.A.B.T., 38 with cholera vaccine and 5 with typhus vaccine.

Diphtheria Immunisation

During the year 2,732 children under 15 years of age were immunised against diphtheria, compared with the 5,528 in 1957. Of this total 1,579 were immunised by medical officers of the local authority and 1,153 by general practitioners.

The reduction in the number of children immunised was the result of deliberate policy to enable as many children as possible to receive primary vaccination against poliomyelitis.

Only by securing the immunisation of a large number of children each year can we be certain of preventing diphtheria from gaining a foothold in the city.

The following table shows the number of immunisations in recent years:

| Year | Number of Immunisations | | |
|------|----------------------------|----|-------|
| 1948 | .. | .. | 3,538 |
| 1949 | .. | .. | 4,947 |
| 1950 | .. | .. | 4,391 |
| 1951 | .. | .. | 4,584 |
| 1952 | .. | .. | 5,787 |
| 1953 | .. | .. | 5,708 |
| 1954 | .. | .. | 6,449 |
| 1955 | .. | .. | 6,098 |
| 1956 | .. | .. | 5,206 |
| 1957 | .. | .. | 5,528 |
| 1958 | .. | .. | 2,732 |

Whooping Cough Immunisation

Of the 1,153 children who were immunised against diphtheria by general practitioners (above), 910 received a combined diphtheria/pertussis vaccine.

Of the 1,579 children who were immunised against diphtheria by medical officers of the local authority, 12 received a combined diphtheria/pertussis vaccine.

During the year the number of children immunised against whooping cough by local authority medical officers was 1,123, and the number by general practitioners 110. The total number of children receiving protection against whooping cough, therefore, was 2,155.

Poliomyelitis Vaccination

Early in 1956 vaccination was offered to children born between 1947 and 1954, in May 1957 this was extended to children born during 1955 and 1956 and towards the end of 1957 the scheme was further extended to include all children between 6 months and 15 years of age. In order to meet the anticipated demand for vaccination, the Government decided, as a temporary measure, to import supplies of Salk vaccine to supplement the limited supplies of British vaccine. The scheme was a complicated one since parents were given the opportunity of declining Salk vaccine and also the choice of vaccination by their family doctor or by the local authority medical officer. A further complication was that some practitioners did not wish to participate in the scheme. In December 1957 some 15,000 letters were sent to parents of pre-school children and 48,000 to parents of school children, and by the 31st December some 25,583 new registrations had been received. At that time 4,495 children had been vaccinated and some 2,720 were still awaiting vaccination owing to limited supplies of vaccine. On 1st January, 1958, therefore, some 28,303 children were awaiting vaccination.

In order to cater for a programme of this magnitude, the Health Committee approved the appointment of an additional medical officer for a period of six months and a temporary clerk for a period of twelve months, and in order to store the large quantities of vaccine expected, one large 15 cubic foot storage cabinet and six small 1½ cubic feet refrigerators were purchased.

In order to assist practitioners in undertaking their part, the local authority made the offer to them of clinic premises and the necessary nursing and clerical assistance, and as an alternative offered to undertake the clerical arrangements for inviting children to the doctors' own surgeries for vaccination. Of the 199 doctors on the list of the Bradford Executive Council, 68 did not take part in the scheme, 80 practitioners

preferred to make their own arrangements and 21 practitioners accepted the offer of local authority premises. Thirty-one practitioners accepted the offer of clerical assistance. This latter offer proved to be a considerable clerical task since children had to be invited to individual doctors' surgeries in the numbers at the time and dates specified by the doctors as supplies of vaccine permitted. There is no doubt, however, that these offers were greatly appreciated by the doctors making use of them.

In May the Government decided to import, as a temporary measure, Salk vaccine not retested in this country to cater for the large demands for vaccination. This necessitated a further approach to parents awaiting British vaccine to determine their willingness to accept immediate vaccination with this vaccine rather than waiting for British vaccine which would mean that their child would not be protected before the summer months when poliomyelitis might be prevalent.

By the end of July 7,000 original registrations for British vaccine received in 1956/57 had been completed, 18,000 registrations for Salk vaccine received in December 1957 had also been completed, but only 1,500 of the 7,500 British registrations in December 1957 had been completed.

The outstanding 6,000 were circularised and offered immediate vaccination with Salk vaccine and a renewed offer was made to parents of unregistered children. As a result, an additional 5,000 new registrations were received.

In September the scheme was further extended to include those born between 1933 and 1942, and a third injection was recommended not less than seven months after the second, for those who had already completed the primary course. Some 6,000 leaflets were distributed through the various educational establishments with pupils in this age group, and special evening sessions were held to cater for them—the response however was poor.

The progress made with the scheme for vaccination against poliomyelitis up to 31st December, 1958, was as follows:

| | | | 1956 | 1957 | 1958 |
|---------------------------|----|----|------|-------|--------|
| Completed Primary Courses | .. | .. | 528 | 3,967 | 28,463 |
| Third Injections | .. | .. | — | — | 6,913 |

A more detailed account of the progress during 1958 is given in the following table:

PRIMARY COURSE OF TWO INJECTIONS

| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|-----------------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Local Authority: | | | | | | | | | | | | | |
| British— | 421 | 740 | 248 | 788 | 223 | 137 | 15 | | 94 | 563 | 80 | 25 | 3,334 |
| Salk— | | | 1,360 | 1,757 | 1,096 | 3,112 | 2,310 | 3,407 | 1,495 | 705 | 342 | — | 15,584 |
| General Practitioner: | | | | | | | | | | | | | |
| British— | | 128 | 78 | 143 | 97 | 982 | 6 | 366 | 48 | 84 | 244 | 166 | 2,342 |
| Salk— | | | 192 | 1,643 | 1,682 | 1,533 | 125 | 1,055 | 21 | 342 | 90 | 520 | 7,203 |
| | | | | | | | | | | 2,716 | 2,750 | 1,447 | 6,913 |

28,463

This progress was determined entirely by the availability of vaccine.

At the end of the year the acceptance rates of vaccination against poliomyelitis in the various age groups was as follows:

| | | | | | | |
|----------------------|----|----|----|----|----|-----|
| 6 months to 4 years | .. | .. | .. | .. | .. | 35% |
| 5 years to 15 years | .. | .. | .. | .. | .. | 65% |
| 16 years to 25 years | .. | .. | .. | .. | .. | 10% |

It was planned to increase the acceptance rate in the pre-school children by making vaccination freely available in all child welfare clinics and in the young adults by visitation of industrial and commercial premises in the city with the approval of the managements concerned, when supplies of vaccine permitted.

Venereal Disease

Bradford Special Treatment Centre

We are indebted to Dr. J. A. Burgess, Physician in Charge, for the following report:

The special Treatment Centre at St. Luke's Hospital, Bradford, serves an area including Bradford County Borough and the surrounding districts of the West Riding. During the year under review 90 per cent of the total new patients resided in the County Borough, 7.1 per cent in the Administrative County and the remaining 2.9 per cent in other County Boroughs in the West Riding.

The Medical Officer is in attendance during the following hours:

| Men | | | Women and Children | | |
|-----------|----|--------------------|--------------------|----|--------------------|
| Monday | .. | 10 a.m. to 12 noon | Monday | .. | 5 p.m. to 7 p.m. |
| Wednesday | .. | 10 a.m. to 12 noon | Wednesday | .. | 10 a.m. to 12 noon |
| | | 5 p.m. to 7 p.m. | | | 5 p.m. to 7 p.m. |
| Thursday | .. | 5 p.m. to 7 p.m. | Thursday | .. | 10 a.m. to 12 noon |
| Friday | .. | 10 a.m. to 12 noon | Friday | .. | 10 a.m. to 12 noon |
| | | | | | 2 p.m. to 4 p.m. |

During 1958 there were 900 new male patients of whom 520 (57·7 per cent) were suffering from urethritis, comprising 294 men with gonorrhoea and 226 with non-gonococcal urethritis. Compared with 1957 these figures show a slight decrease in gonorrhoea and a slight increase in non-gonococcal urethritis.

In women there was a reduction in the number of new cases of gonorrhoea from 84 to 61. In addition 88 women were found to have other conditions requiring treatment; the majority of these were suffering from either trichomoniasis or non-specific cervicitis. This is not altogether satisfactory. In spite of continuous and strenuous efforts by our Social Worker to bring under examination the maximum number of female contacts of males with urethritis the figures suggest that there is a considerable number of promiscuous women in the City with untreated genito-urinary infections.

TABLE 1 *New Cases of Early Syphilis and Gonorrhoea attending Clinic, 1946-1958.*

| Year | Early Syphilis | Gonorrhoea |
|------|----------------|------------|
| 1946 | .. 251 | 486 |
| 1947 | .. 210 | 358 |
| 1948 | .. 110 | 215 |
| 1949 | .. 89 | 174 |
| 1950 | .. 56 | 132 |
| 1951 | .. 31 | 125 |
| 1952 | .. 19 | 71 |
| 1953 | .. 9 | 119 |
| 1954 | .. 16 | 148 |
| 1955 | .. 22 | 130 |
| 1956 | .. 24 | 166 |
| 1957 | .. 14 | 406 |
| 1958 | .. 3 | 355 |

Table I shows that in the past 13 years early (infectious) syphilis cases have fallen from 251 to 3. This is most encouraging and augurs

well for the future. Cases of late syphilis (non-infectious) are gradually becoming less common and numbered only 57 in the year under review.

For the sixth successive year there were no cases of congenital syphilis in infants.

The staff of the treatment centre, medical colleagues at the hospital and pathological laboratory have continued to give loyal help. To these people the physician in charge wishes to express his thanks.

The following tables give statistical details of the number of admissions, discharges, attendances, geographical distribution and pathological examinations during 1958.

TABLE 2 *Number of New Registrations and Attendances at Clinic, 1932-1958.*

| Year | Venereal Disease | | Other Conditions | | Total Attendance | |
|------|------------------|--------|------------------|--------|------------------|--------|
| | Male | Female | Male | Female | Male | Female |
| 1932 | 336 | 111 | 146 | 68 | 16,720 | 4,243 |
| 1933 | 460 | 146 | 149 | 84 | 21,991 | 4,921 |
| 1934 | 386 | 96 | 188 | 78 | 19,811 | 5,471 |
| 1935 | 438 | 157 | 177 | 73 | 21,461 | 6,620 |
| 1936 | 277 | 131 | 140 | 63 | 15,714 | 5,237 |
| 1937 | 366 | 105 | 151 | 72 | 19,429 | 6,520 |
| 1938 | 363 | 134 | 197 | 88 | 15,622 | 5,869 |
| 1939 | 333 | 129 | 200 | 69 | 10,408 | 3,906 |
| 1940 | 278 | 100 | 143 | 69 | 7,687 | 4,916 |
| 1941 | 423 | 111 | 148 | 113 | 7,376 | 4,050 |
| 1942 | 304 | 156 | 140 | 91 | 6,639 | 5,266 |
| 1943 | 352 | 193 | 216 | 190 | 7,525 | 6,171 |
| 1944 | 292 | 221 | 223 | 221 | 7,530 | 6,797 |
| 1945 | 343 | 310 | 259 | 238 | 10,064 | 10,472 |
| 1946 | 815 | 291 | 554 | 212 | 16,487 | 10,677 |
| 1947 | 622 | 287 | 456 | 226 | 11,235 | 9,326 |
| 1948 | 358 | 229 | 440 | 144 | 9,040 | 6,859 |
| 1949 | 293 | 184 | 400 | 133 | 7,957 | 5,647 |
| 1950 | 228 | 148 | 431 | 155 | 7,659 | 4,582 |
| 1951 | 194 | 107 | 390 | 101 | 7,370 | 4,292 |
| 1952 | 156 | 95 | 388 | 105 | 6,087 | 3,770 |
| 1953 | 160 | 103 | 458 | 141 | 7,239 | 3,957 |
| 1954 | 182 | 104 | 458 | 135 | 6,986 | 4,043 |
| 1955 | 174 | 97 | 427 | 140 | 6,345 | 3,733 |
| 1956 | 210 | 106 | 437 | 152 | 6,450 | 4,375 |
| 1957 | 406 | 134 | 525 | 153 | 8,733 | 3,818 |
| 1958 | 375 | 107 | 593 | 164 | 8,142 | 3,020 |

TABLE 3 *Analysis of the Cases Admitted and Discharged during the Year 1958.*

(a) ADMISSIONS

| | | | |
|---|-------|---------|-------|
| 11. Number of cases under treatment or observation on 1st January, 1958— | Males | Females | Total |
| Suffering from syphilis | 144 | 189 | 333 |
| Suffering from gonorrhoea | 63 | 32 | 95 |
| Suffering from other conditions | 70 | 29 | 99 |
| Totals .. | 277 | 250 | 527 |
| 12. Number of cases defaulting during previous years who returned in 1958— | | | |
| Suffering from syphilis | 8 | 7 | 15 |
| Suffering from gonorrhoea | 36 | 8 | 44 |
| Suffering from other conditions | 18 | 6 | 24 |
| Totals .. | 62 | 21 | 83 |
| 13. Number of cases transferred from other treatment centres, suffering from— | | | |
| Syphilis | 4 | 2 | 6 |
| Gonorrhoea | — | 2 | 2 |
| Other conditions | 2 | — | 2 |
| Totals .. | 6 | 4 | 10 |
| 14. Number of new cases dealt with for the first time during 1958 suffering from— | | | |
| Early (infectious) acquired syphilis | 3 | — | 3 |
| Late (non-infectious) acquired syphilis | 29 | 21 | 50 |
| Congenital syphilis | 1 | 6 | 7 |
| Gonorrhoea | 294 | 61 | 355 |
| Other Conditions | 573 | 158 | 731 |
| Totals .. | 900 | 246 | 1,146 |
| Total of Items 1, 2, 3 and 4 | 1,245 | 521 | 1,766 |

(b) DISCHARGES

| | | | |
|--|-------|-----|-------|
| 5. Number of cases discharged after completion of treatment and surveillance, suffering from— | | | |
| Syphilis | 27 | 16 | 43 |
| Gonorrhoea | 221 | 52 | 273 |
| Other conditions | 472 | 121 | 593 |
| Totals .. | 720 | 189 | 909 |
| 6. Number of cases transferred to other treatment centres, suffering from— | | | |
| Syphilis | 6 | 3 | 9 |
| Gonorrhoea | 7 | 4 | 11 |
| Other conditions | 10 | 1 | 11 |
| Totals .. | 23 | 8 | 31 |
| 7. Number of cases defaulting before completion of treatment or surveillance, suffering from— | | | |
| Syphilis | 27 | 8 | 35 |
| Gonorrhoea | 110 | 28 | 138 |
| Other conditions | 88 | 26 | 114 |
| Totals .. | 225 | 62 | 287 |
| 8. Number of cases remaining under treatment or surveillance on 31st December, 1958, suffering from— | | | |
| Syphilis | 129 | 198 | 327 |
| Gonorrhoea | 55 | 19 | 74 |
| Other conditions | 93 | 45 | 138 |
| Totals .. | 277 | 262 | 539 |
| Total of Items 5, 6, 7 and 8 | 1,245 | 521 | 1,766 |

TABLE 4 *Number of attendances Distributed According to Disease during 1958.*

| | | | | Attendances | | |
|----------------------------------|----|----|----|-------------|---------|--------|
| | | | | Males | Females | Total |
| Patients suffering from Syphilis | .. | .. | .. | 2,533 | 1,919 | 4,452 |
| Gonorrhoea | .. | .. | .. | 1,824 | 333 | 2,157 |
| Other conditions | .. | .. | .. | 3,785 | 768 | 4,553 |
| Totals | .. | .. | .. | 8,142 | 3,020 | 11,162 |

TABLE 5 *Geographical Distribution of New Cases seen during 1958*

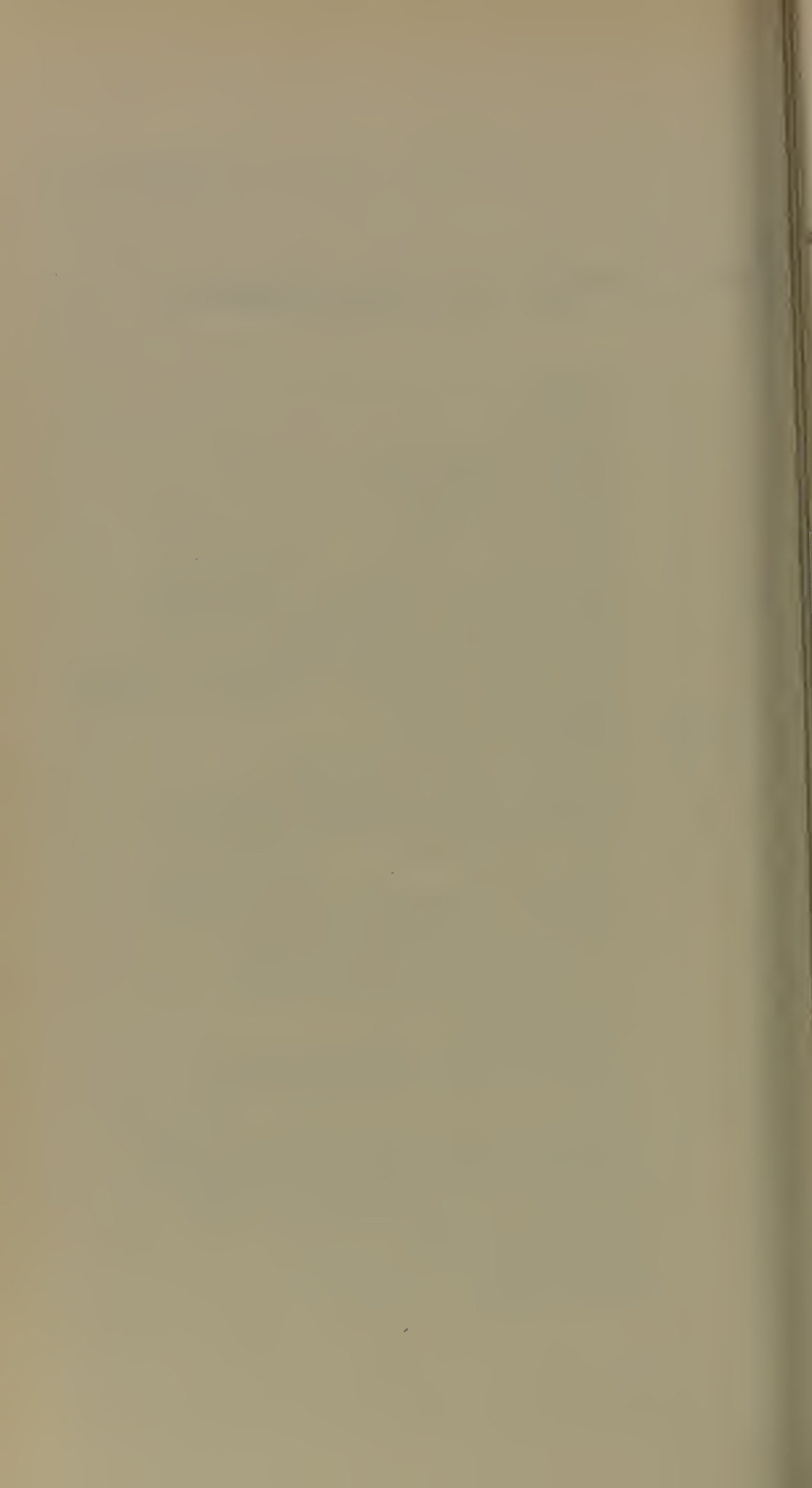
| Area | Syphilis | Gonorrhoea | Other Conditions |
|-------------------------------|----------|------------|------------------|
| Bradford | 51 | 346 | 649 |
| Dewsbury | — | — | 1 |
| Halifax | — | — | 4 |
| Huddersfield | 1 | — | 2 |
| Leeds | — | — | 8 |
| North Riding County Council | 2 | — | — |
| West Riding County Council .. | 6 | 9 | 67 |

TABLE 6 *Pathological Examinations, 1958*

| | Treatment Centre | Public Health Laboratory |
|--------------------------------------|------------------|--------------------------|
| Microscopical for syphilis | 95 | — |
| Microscopical for others | 2,276 | 88 |
| Cultural for gonorrhoea | — | 1,280 |
| Serum for syphilis | — | 2,272 |
| Serum for others | — | 1,013 |
| Cerebro-spinal fluid examinations .. | — | 86 |

Care of Mothers and Young Children

STAFF
PREMISES
MATERNITY SERVICES
DOMICILIARY MIDWIFERY SERVICE
PREMATURE BIRTHS
PERI-NATAL MORTALITY SURVEY
RELAXATION CLASSES
POST-GRADUATE COURSES FOR MIDWIVES
MIDWIFERY TRAINING SCHOOL
MEDICAL AID OBTAINED BY DISTRICT MIDWIVES
ANTE-NATAL CLINICS
POST-NATAL CLINICS
MIDWIVES' REFRESHER COURSES
HEALTH VISITING SERVICES
HEALTH VISITORS' TRAINING COURSE
HEALTH EDUCATION
CHILD HEALTH
DEATHS OF CHILDREN UNDER 1 YEAR
DEATHS OF CHILDREN 1—5 YEARS
VACCINATION AND IMMUNISATION
SALE OF WELFARE FOODS
DAY NURSERIES
NURSERY NURSES' TRAINING COURSE
NURSERIES AND CHILD MINDERS REGULATION
ACT
NURSING HOMES AND MATERNITY HOMES
REGISTERED WITH THE LOCAL AUTHORITY
THE CARE OF THE UNMARRIED MOTHER
ILLEGITIMATE BIRTHS
SILVER JUBILEE HOME, HEYSHAM
DENTAL CLINIC



Care of Mothers and Young Children

(Sections 22, 23, 24, *National Health Service Act, 1946*)

Staff

K. HORNE, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer for Maternity and Child Welfare

Medical Officers

F. N. BAMFORD, M.B., CH.B., D.C.H.

M. BESWICK, M.B., CH.B.

W. E. CRAWFORD, M.D., CH.B.

R. C. LAVERICK, M.B., CH.B.

G. T. M. McCULLOCH, M.B., CH.B. (joined the staff 4/1/58)

M. U. RHODES, M.B., CH.B., D.P.H.

J. L. WALKER, M.B., CH.B.

R. WOODHEAD, M.B., CH.B.

Non-Medical Staff

F. H. WALKER, S.R.N., S.C.M., H.V.CERT., *Superintendent Health Visitor and School Nurse.*

E. R. ENTWISTLE, S.R.N., S.C.M., M.T.D., H.V.CERT., *Non-Medical Supervisor of Midwives.*

D. LANE, S.R.N., SISTER TUTOR CERTIFICATE, *H. V. Tutor.*

A. CAREY, S.R.N., S.C.M., H.V.CERT., *Matron, Oakwell House.*

M. K. DICKSON, S.R.N., S.C.M., H.V.CERT., *Health Visitor for Health Education.*

Day Nursery Matrons

M. SUTCLIFFE, Brownroyd Day Nursery

H. HARTLEY, S.R.N., Canterbury Avenue Day Nursery

H. J. EMPEY, S.R.N., Farcliffe Day Nursery

F. M. PECK, S.R.N., Lilac Grove Day Nursery

J. B. DEAN, N.S.C.N., Swain House Day Nursery

I. CANNON, N.S.C.N., Thornbury Day Nursery

H. M. WORRALL, Warden i/c Greaves Street Day Nursery

M. A. JORDAN, Teacher i/c Princeville Day Nursery.

I should like to thank all members of the staff who have contributed to the following report.

The only change in the medical staff during the year was the appointment of Dr. McCulloch, who joined as Assistant Medical Officer and School Medical Officer on January 4th, 1958, and was stationed at Odsal.

At the end of the year there were 44 full-time and 1 part-time health visitors employed, this being an increase of 5 on the previous year. In July we gained 5 new members of staff from our own training school. At the beginning of the year we lost one of our tuberculosis health visitors who obtained a post in Essex, and one health visitor applied to join our staff from another authority. This increase in the number of staff made it possible for more health visitors to carry out duties in the School Health Service, and to have their case loads of pre-school children reduced to a more reasonable number.

During 1958 there were 4 new midwives appointed and resignations were received from 6 midwives, two returning to hospital, leaving a total of 38 full-time midwives and 14 part-time midwives.

The number of Teaching Midwives was 17.

Sister Robinson, who had been in the Swain House District for 37 years, retired from the Domiciliary Service in July. She was a much loved and respected midwife, and the good wishes of staff and patients follow her in her retirement.

Mrs. Ivins, Matron of Thornlea Day Nursery, resigned in January; she has not been replaced.

Premises

The permanent premises used for the Maternity and Child Welfare Service were augmented by the conversion of a small flat in Greystone Crescent, on the Thorpe Edge Estate, for child welfare, ante-natal and school clinic purposes. It is hoped that in the near future a permanent centre will be built to serve this area. Permanent centres now used for combined work are as follows:—

Bierley Health Centre
Green Lane School Clinic
Lapage Street School Clinic
Odsal Health Centre
Saint Street Health Centre
Usher Street Health Centre
Thorpe Edge Health Centre.

In addition there are 15 child welfare and 9 ante-natal sessions held in premises such as church halls, Sunday schools, or day nurseries. There has been an increase of two child welfare sessions and an increase of 16 ante-natal sessions during the year.

Maternity Services

The total number of births to Bradford women in 1958 was 5,122, including still births, an increase of 42 live births and 2 still births. The total number of hospital confinements for Bradford women was 2,982 and the number of domiciliary confinements was 2,140, giving a percentage of hospital confinements of 58·21 as against 56·37 in 1957. Meetings of the Liaison Committee following the Ministry of Health Circular 9/56, mentioned in the 1957 report, continued in 1958. The types of co-operation and personal record cards to be used in the Service were finally drawn up, and it was decided that the Bradford Obstetric Committee should circularise all the general practitioner obstetricians in the area with the final recommendations made by the Liaison Committee. In addition it was recommended that the hospital standard of weekly ante-natal care should be adopted. This was already in operation in the local authority ante-natal clinics. A card with indications for booking for hospital delivery was circulated to all general practitioner obstetricians and local authority doctors. The scheme envisaged by the Liaison Committee should be in full operation

early in 1959. The advice and guidance of Mr. Theobald and the general practitioners on the Committee, particularly the Chairman of the Obstetric Committee, Dr. Sunderland, has brought the series of meetings to a happy conclusion, and we hope that all three branches of the Maternity Service will benefit from the recommendations made.

Domiciliary Midwifery Service

During the year 3,028 cases were booked.

- 2,143 births took place at home
- 714 cases were transferred to hospital in the ante-natal period
- 175 cases were transferred to hospital in labour.

The patient's own doctor was booked for 2,134 cases, and was present at the confinement in 196 cases. All 38 full-time midwives are equipped with trilene-apparatus, and gas/air analgesia is also available for relief of pain in labour. Other pain relieving drugs are carried by the midwives. A portable oxygen apparatus is carried by the midwives for use when the baby is asphyxiated at birth.

Owing to the high incidence of toxæmia of pregnancy in this area, and the need for an increased number of ante-natal beds at St. Luke's Maternity Hospital, a scheme was put into operation from March 1958 to close a lying-in ward at the hospital and use the beds for ante-natal cases, but as the same number of confinements would have to be taken at the hospital, a decision was made to send mothers and babies home within 48 hours, where there were no medical or social grounds for keeping them in hospital for the rest of the lying-in period.

In order to nurse these mothers and babies satisfactorily, up to 15 part-time maternity nurses have been employed to work with the full-time domiciliary midwives.

Ante-Natal Care

| | |
|--|--------|
| Visits made by midwives to own booked cases and hospital booked cases | 28,369 |
| Examinations made by midwives at ante- natal clinics | 26,544 |

Post-Natal Care

| | |
|---|--------|
| Visits by midwives to own delivered cases .. | 41,736 |
| Visits to patients sent home early from hos- pital | 16,702 |
| Post-natal examinations at clinics | 476 |

The general practitioners are mainly responsible for post-natal examinations of patients at the sixth week after confinement.

In the 2,143 patients confined at home:

| | |
|---|----------------|
| Trilene was administered to | 1,711 patients |
| Nitrous oxide and air administered to | 168 patients |
| Pethidine (Pethilorfan) administered to | 1,366 patients |

Vaccination against poliomyelitis is offered to expectant mothers at the ante-natal clinics or by their own doctors. Chest X-ray is also offered.

Artificial Feeding

1,935 babies born at home were fully breast fed on the 14th day.

Premature Births

During 1958 there were 429 premature live births and 74 still births notified, made up as follows:—

| | Live Births | Still Births |
|---------------------------|-------------|--------------|
| Hospital cases | 323 | 66 |
| Domiciliary cases | 100 | 8 |
| Nursing Homes | 6 | — |

This gives a percentage of 9·8 per cent of total births as against 9·3 per cent in the previous year. Of the live births 37 died within 24 hours and of the others 24 died before the end of 28 days. Of the 100 premature babies at home, 40 were transferred to hospital and 60 were nursed entirely at home.

The link with the hospital service for these babies who need constant supervision has been strengthened this year. The premature baby midwives attend the hospital premature baby wards before the babies are sent home, and become known to the mothers. The babies' homes are visited before they are sent home, as special cots and other equipment are loaned out where necessary. The paediatric clinics held at the hospitals are attended by the premature baby midwives. Great co-operation is given by the general practitioners with this important work amongst babies. There were 2,803 visits paid to mothers, 2,924 visits to babies, and 401 home investigations.

Peri-Natal Mortality Survey

During 1958 the National Birthday Trust Fund sponsored a national survey of babies, called the Peri-natal Mortality Survey. It concerned all babies born March 3rd-9th, 1958, and all stillborn babies and babies who died under the age of 28 days in March, April and May. Records of 166 babies were completed by the domiciliary, hospital and nursing home midwives and general practitioners. The National Report will be published in 1960.

Relaxation Classes

Relaxation classes for expectant and nursing mothers are well attended throughout the city, mainly by mothers expecting their first baby. There are now 15 ante-natal and post-natal relaxation classes held weekly at Edmund Street and outlying clinics.

498 patients made 3,028 attendances.

Post-Graduate Courses for Midwives

Five domiciliary midwives attended post-graduate courses which are compulsory for all practising midwives every five years. Two midwives attended a mothercraft course at Grantley Hall, Ripon.

Sixteen domiciliary midwives have provided their own cars, and receive mileage allowances. Two domiciliary midwives have provided their own scooters and receive mileage allowances. This transport has immensely increased the efficiency and availability of the Service. With the increased amount of home investigations and home visiting which has to be done, transport of staff is one of the major problems facing the administration of a mobile Service. It is hoped that in the future other midwives will be able to have their own cars, but in areas where no midwives have cars the availability and mobility of the Service is seriously handicapped and car drivers have to be taken from other areas to help with the work.

Midwifery Training School

Pupil midwives in training:

| | |
|----------------------|-------------------------------------|
| January 1st, 1958: | 16 pupils |
| During the year: | 13 pupils passed through the school |
| December 31st, 1958: | 16 pupils were still in training. |

28 pupil midwives have qualified as midwives. One pupil midwife had to resign owing to domestic reasons.

During 1958 six pupil midwives, after qualification, have been appointed to vacancies on the domiciliary service.

Medical Aid obtained by District Midwives

(for cases booked for domiciliary confinement)

Pregnancy

| | |
|--|-------|
| Disproportion | 31 |
| Malpresentation | 99 |
| Multiple pregnancy | 17 |
| Post maturity | 81 |
| Premature labour | 33 |
| Premature rupture of membranes.. .. . | 40 |
| Absence of foetal heart beat | 6 |
| Hydramnios | 6 |
| Glycosuria | 28 |
| Infection of the urinary tract | 13 |
| R.H. Antibodies | 1 |
| Intra uterine death | 2 |
| Other maternal conditions | 23 |
| Pre-toxaemia.. .. . | 321 |
| Threatened miscarriage | 8 |
| | <hr/> |
| | 709 |
| | <hr/> |

Labour

(1st Stage)

| | |
|--------------------------------|-------|
| Inertia | 41 |
| Malpresentation | 22 |
| Twins.. .. . | 5 |
| A.P.H. | 52 |
| Prolapsed cord | 1 |
| Foetal distress | 13 |
| Hypertension in labour | 6 |
| | <hr/> |
| | 140 |
| | <hr/> |

(2nd Stage)

| | |
|----------------------------|-------|
| Delay in 2nd stage | 53 |
| Malpresentation | 5 |
| Foetal distress | 36 |
| | <hr/> |
| | 94 |
| | <hr/> |

(3rd Stage)

| | |
|---------------------------|-------|
| P.P.H. | 46 |
| Retained placenta | 27 |
| Rigid perineum | 1 |
| Ruptured perineum.. .. . | 253 |
| Episiotomy | 9 |
| | <hr/> |
| | 336 |
| | <hr/> |

Puerperium

| | |
|------------------------------------|-------|
| Pyrexia | 69 |
| Phlebitis | 25 |
| Other puerperal conditions | 64 |
| Mental disturbances | 10 |
| | <hr/> |
| | 168 |
| | <hr/> |

Baby

| | |
|------------------------------------|-------|
| Still birth | 6 |
| Asphyxia | 33 |
| Prematurity | 33 |
| Jaundice | 8 |
| Haemorrhagic melaena, etc. | 5 |
| Hypothermia | 4 |
| Thrush | 9 |
| Spot and pustules | 32 |
| Discharging eyes | 117 |
| Pyrexia | 4 |
| Gastro intestinal diseases | 20 |
| Congenital deformities | 21 |
| Other conditions | 29 |
| Respiratory conditions | 29 |
| Baby slow to cry | 4 |
| Cyanosis | 10 |
| | <hr/> |
| | 364 |
| | <hr/> |

Medical Aid obtained by District Midwives

(for early discharges from hospital)

Mother

| | |
|---|-------|
| Puerperal insanity | 1 |
| P.P.H. | 11 |
| Offensive lochia | 1 |
| Abdominal pains | 5 |
| Phlebitis | 5 |
| Septic condition | 2 |
| Coughing blood | 1 |
| Breast conditions | 17 |
| Hypertension | 3 |
| Pyrexia | 14 |
| Recurrent lactation after suppression | 1 |
| Rapid pulse | 1 |
| Perineal discharge (resutured 12th day) | 1 |
| | <hr/> |
| | 63 |
| | <hr/> |

Baby

| | |
|---|-------|
| Melaena | 1 |
| Inflammation in area of umbilicus | 1 |
| Septic spots | 31 |
| Discharging eyes | 43 |
| Other minor conditions | 16 |
| Gastro intestinal diseases | 9 |
| | <hr/> |
| | 101 |
| | <hr/> |

The following is an analysis of maternity cases transferred to hospital.

Cases transferred during Pregnancy (after the 28th week) for Medical Reasons

| | | | | |
|---------------------------------|----|----|----|----|
| Ante-partum haemorrhage | .. | .. | .. | 40 |
| Toxaemias of pregnancy | .. | .. | .. | 97 |
| Multiple pregnancy | .. | .. | .. | 16 |
| Malpresentation | .. | .. | .. | 84 |
| Anaemia and Rh. incompatibility | .. | .. | .. | 20 |
| Post maturity | .. | .. | .. | 69 |
| Others | .. | .. | .. | 40 |

Patients transferred during Labour

| | | | | | |
|--------------------|----|----|----|----|----|
| Haemorrhage | .. | .. | .. | .. | 11 |
| Foetal distress | .. | .. | .. | .. | 17 |
| Multiple pregnancy | .. | .. | .. | .. | 1 |
| Malpresentation | .. | .. | .. | .. | 44 |
| Delay in labour | .. | .. | .. | .. | 69 |
| Prematurity | .. | .. | .. | .. | 31 |
| Others | .. | .. | .. | .. | 2 |

Patients transferred during Puerperium

| | | | | | |
|-------------------------|----|----|----|----|----|
| Post-partum haemorrhage | .. | .. | .. | .. | 12 |
| Perineal trauma | .. | .. | .. | .. | 6 |
| Others | .. | .. | .. | .. | 10 |

Ante-Natal Clinics

At the end of 1958 we had 16 centres at which ante-natal care was carried out. Two of the clinics previously held in church halls were transferred to one of our day nurseries and a new permanent health centre respectively. Centres for ante-natal work are given below:—

The Central Clinic, Edmund Street
 Allerton Methodist Chapel
 Bierley Health Centre
 Brownroyd Day Nursery
 Clayton Methodist Sunday School
 Green Lane Health Centre
 Lapage Street Health Centre
 Mandale Road Methodist Sunday School
 Odsal Health Centre
 Otley Road Methodist Sunday School
 Saint Street Health Centre
 Swain House Day Nursery

The Park, Ravenscliffe
Thornton Methodist Sunday School
Thorpe Edge Health Centre
Usher Street Health Centre.

There have been 16 sessions monthly with the local authority ante-natal doctor attending and 92 sessions monthly with the midwives attending.

Post-Natal Clinics

There are 4 post-natal clinics held monthly at Wilton Street and patients attend for post-natal examination at Bierley Health Centre and Usher Street Health Centre. In all 238 patients made 274 attendances.

Midwives' Refresher Courses

Two refresher courses were held at the Semon Home, Ilkley, and St. Luke's Hospital, for midwives from all parts of England and Wales. Sixty-one midwives attended the April course and 62 the October course.

Health Visiting Services

All the general health visiting staff, with the exception of those working in the Green Lane area, i.e. Allerton, Thornton, Heaton, part of Bolton and Exchange wards, now work from health centres round the city.

The opening of the flat in Greystone Crescent, on the Thorpe Edge Estate, for use as a small health centre, enabled four health visitors to transfer their headquarters from Edmund Street to the centre of this large estate, thus making them more readily available to the public they serve and saving time previously spent in travelling.

The Diabetic After-Care Service, started in 1957, has proved successful, and two health visitors continue to attend the Diabetic Clinic at the Royal Infirmary, and to follow up cases attending this hospital from all parts of the city. They paid 877 visits last year to diabetic patients.

In October and November, in co-operation with Miss Copeland, Matron of St. Luke's Hospital, we arranged an interchange of work

between some of the health visiting staff and the ward sisters of St. Luke's Hospital. The ward sister spent a day with a health visitor and became aware of her work, and in particular saw the types of homes from which patients come and the work being done at the health centres. In return, the health visitor spent a day with the same sister who had been on the district with her, and became familiar with the modern methods of treatment and the use of recent drugs. We hope to extend this experiment to other hospitals in the city. Since the alteration in the General Nursing Council syllabus for nurse training, the student nurse experiences something of the work of the public health nurse and becomes aware of her part in the promotion of the health of the community.

More general practitioners are now asking for the assistance of health visitors in homes where there are feeding difficulties with young children, problems of old age and where social problems exist. Better co-operation is gradually being achieved.

During the year three health visitors attended refresher courses—one at Oxford and two at Nottingham, one of the latter being a teaching course.

Towards the end of 1958 permission was obtained to appoint six clinic superintendents for the main centres. The posts were advertised, and three of our own staff were appointed to Thorpe Edge, Lapage Street and Odsal Centres. With the opening of branch health centres and the extended duties of health visitors, it is necessary to have senior appointments of someone to be responsible for the general management, equipment, and activities of these centres. Their duties include health education arrangements in the area, the practical training of health visitor students, student nurses, etc., acting as group adviser for the centre staff, and liaison officer with central departments and outside bodies.

Health Visitors' Training Course

Seven candidates were accepted by the school for training. Two were from outside authorities. Studies began October 1957, and the candidates sat and passed the examination of the Royal Society of Health in July 1958.

A high standard was achieved, and one candidate received special comment from the examiners at that examination.

During the year seven candidates were accepted for training to commence September 1958. Four of these candidates are from other authorities.

Health Education

Health Education activities continued to expand during the year.

There was an increased demand for the services of speakers from the department to give talks and lectures to many adult and youth groups or organisations in the city. Lectures and talks were also given in several schools by health visitors.

In September a Home Safety Exhibition was held in the Ideal Home Exhibition at Lister Park.

In November a special "Guard that Fire" campaign was held nationally. Posters were prominently displayed in the city. On all the main thoroughfares approaching the city centre slogans were attached to lamp standards and created much interest. Displays were assembled in the foyers of two cinemas in the city and short special films were shown.

In January, during the "Clean Air Exhibition" at St. George's Hall, attention was again drawn to Home Safety by use of display stands.

Publication of posters, leaflets and advertising space on buses was used extensively to promote health education topics—notably Home Safety, Diphtheria Immunisation, Polio Vaccination, and the Dangers of Smoking and Lung Cancer.

Child Health

The total number of attendances at child welfare clinics in 1958 was 56,402. This is a decrease on the attendances in 1957. This is partly due to the moving of families from the central area to large housing estates on the outskirts of the city before centres have been established on the housing estates, and also due to the very bad weather throughout the year, which prevented mothers attending clinics.

| Clinic | Days of Attendance | Time of Attendance | Attendances during year |
|---------------------------------|--|---|-------------------------|
| Central, Edmund St. | Wednesday Monday, Tuesday, Wednesday, Thursday and Friday | Morning Afternoon | 8,311 |
| Ullerton | Alternate Fridays .. | Afternoon | 1,297 |
| Sierley | Monday and Thursday .. | Afternoon | 2,311 |
| Colton Woods .. | Monday (monthly) .. | Afternoon | 397 |
| Brownroyd | Tuesday | Afternoon | 1,721 |
| Buttershaw (Mandale Road) | Monday and Tuesday (*) | Afternoon | 2,054 |
| Dayton | Alternate Wednesdays .. | Afternoon | 1,128 |
| Sholt | Wednesday (monthly) .. | Afternoon | 120 |
| Green Lane | Monday and Thursday .. | Afternoon | 4,890 |
| Idle | Tuesday (*) | Morning and afternoon | 2,710 |
| Maple Street .. | Monday and Thursday .. | Afternoon | 5,169 |
| Widgit Green .. | Alternate Thursdays .. | Morning | 1,447 |
| Wdsal | Wednesday and Thursday | Afternoon | 3,852 |
| Wotley Road | Wednesday | Morning and afternoon | 3,329 |
| Ravenscliffe (The Park) | Friday (*) | Morning and afternoon | 2,096 |
| Saint Street | Monday, Tuesday and Friday | Monday a.m., Tuesday and Friday p.m. .. | 5,457 |
| Southend Hall .. | Thursday (*) | Afternoon | 216 |
| Thornton | Monday | Afternoon | 1,191 |
| Wisher Street .. | Tuesday and Wednesday | Afternoon | 2,665 |
| West Bowling .. | Friday | Morning | 2,355 |
| Wyke | Alternate Fridays .. | Afternoon | 1,113 |
| Laworth Road .. | Alternate Wednesdays .. | Afternoon | 1,189 |
| Thorpe Edge .. | Monday and Wednesday (*) | Afternoon | 973 |
| Nursing Mothers' Ward | Monday, Tuesday, Wednesday and Friday | Morning and afternoon | 411 |
| | | | <hr/> 56,402 <hr/> |

- 1 Mandale Road: Tuesday sessions discontinued from September 2nd, 1958
2 Idle: Morning sessions discontinued from July 29th, 1958
3 Ravenscliffe: Morning session discontinued from July 1958
4 Southend Hall: Clinic discontinued from June 26th, 1958
5 Thorpe Edge: Child Welfare Clinic commenced at Thorpe Edge Health Centre June 18th, 1958.

Deaths of Children under 1 Year

The infant mortality rate for 1958 has, unfortunately, risen slightly. There were 151 deaths of children under one year in this period. There was a slight rise in the deaths due to prematurity, but the main increase in the rate was due to 45 deaths of children under one week attributed

to birth injuries and atelectasis. There were still far too many children dying from infections, chiefly broncho pneumonia. Five of these were in children under one month, and 40 in children between a month and one year old—the most vulnerable age group being between one and three months. This stresses the necessity of frequent visiting by the health visitor to the homes of children in the 1–3 months age group. As in the previous year, some of the deaths of infants from chest conditions were probably due to influenzal infection in the home.

Deaths of Children 1 - 5 Years

There was a small increase in the number of deaths in the above age group in 1958. Eleven of these were attributed to natural causes, eight of these being pneumonia, probably associated with influenza. Seven deaths were accidental, three of these being attributed to road accidents, one to drowning, one following burns, one to poisoning due to accidentally taking barbiturate tablets, and one to a fall from a swing.

Vaccination and Immunisation

Vaccination and immunisation against diphtheria and whooping cough is performed at all the child welfare clinics. The number of vaccinations and immunisations carried out during the year was as follows:—

| | | | |
|--------------------------------|----|-------|-------|
| Vaccination (Primary) | .. | .. | 578 |
| Re-vaccination | .. | .. | 114 |
| Diphtheria Immunisation | .. | 1,050 | |
| Diphtheria (stimulation doses) | .. | 36 | |
| Pertussis | .. | .. | 1,971 |

Sale of Welfare Foods

Welfare Foods are sold at Britannia House and at all the Child Welfare Clinics. The following table shows the total sales of these foods for 1957 and 1958.

| Quarter ended | | National Dried Milk | Cod Liver Oil | Vitamin A. & D. Tablets | Orange Juice |
|---------------|-------|---------------------|--------------------|-------------------------|---------------------|
| 1957 | | | | | |
| March | .. .. | 39,024 | 8,681 | 3,417 | 62,945 |
| June | .. .. | 31,145 | 6,632 | 3,238 | 68,583 |
| September | .. .. | 29,587 | 6,314 | 3,175 | 66,527 |
| December | .. .. | 26,776 | 6,970 | 3,070 | 47,429 |
| | | <hr/> 126,532 <hr/> | <hr/> 28,597 <hr/> | <hr/> 12,900 <hr/> | <hr/> 245,484 <hr/> |

| Quarter ended | | National Dried Milk | Cod Liver Oil | Vitamin A. & D. Tablets | Orange Juice |
|---------------|--|---------------------|---------------|-------------------------|---------------|
| 1958 | | | | | |
| March | | 26,477 | 5,210 | 3,125 | 37,101 |
| June | | 25,915 | 4,449 | 3,144 | 40,066 |
| September .. | | 26,612 | 4,242 | 3,020 | 40,779 |
| December .. | | 25,560 | 4,943 | 2,968 | 33,906 |
| | | <hr/> 104,564 | <hr/> 18,844 | <hr/> 12,257 | <hr/> 151,852 |

It will be noted that there has been a considerable fall in the uptake of cod liver oil and orange juice in 1958. It is accounted for by the Ministry of Health discontinuing the supply of orange juice to children over two years old, and the recommended reduction in the doses of cod liver oil, following the report on Welfare Foods of the Joint Sub-Committee of the Central and Scottish Standing Medical Advisory Committees.

Day Nurseries

The number of day nurseries maintained by the Local Authority in 1958 was still 9. The attendances increased at most of the nurseries with the exception of Princeville where there was a large decrease. The scale of payment for day nurseries was the same as that laid down in 1956.

| Name of Nursery | Age of Children | Places | Yearly Attendances | |
|-------------------|-----------------|--------|--------------------|--------|
| | | | 1957 | 1958 |
| Farcliffe.. .. | 0-5 | 70 | 22,528 | 23,778 |
| Brownroyd | 0-5 | 50 | 18,013 | 19,343 |
| Thornbury | 0-5 | 40 | 14,623 | 16,215 |
| Canterbury | 0-5 | 40 | 13,070 | 11,785 |
| Princeville | 2-5 | 40 | 11,513 | 8,186 |
| Swain House | 0-5 | 30 | 10,816 | 12,506 |
| Greaves Street .. | 2-5 | 50 | 17,670 | 18,942 |
| Thornlea | 0-5 | 30 | 8,268 | 8,054 |
| Lilac Grove | 0-5 | 50 | 14,500 | 14,972 |

The average daily attendance at the day nurseries during 1958 was 271·91, as compared with 261·19 in 1957.

Nursery Nurses' Training Course

The Nursery Nurses' Training Course, which was run as usual in conjunction with the Education Department, still attracts more applicants than the number of places available. Nine students sat for and

were successful in passing the examination of the N.N.E.B. in 1958. One of these was appointed to a post in our Mother and Baby Home. Fourteen trainees entered the Course in 1958.

Nurseries and Child Minders Regulation Act

The number of private individuals at the end of the year on the register was 10, an increase of 3 on the previous year. The total number of children registered to be minded was 76.

Nursing Homes and Maternity Homes Registered with the Local Authority

The following nursing homes and maternity homes were still on the Register and receiving the usual supervision in 1958:—

Oakfield Nursing Home, 5 Parkfield Road

Malvern Nursing Home, 45 Horton Grange Road

Merton Nursing Home, 27 Merton Road

St. Anthony's Nursing Home, 9 Farfield Road, Toller Lane

Mornington Nursing Home (Maternity), 12 Mornington Villas

Ashfield Nursing Home (Maternity), 1 Ashfield.

The Care of the Unmarried Mother

Thirty-three cases were admitted to Oakwell House during the year. The average stay before birth was 4 weeks and the average stay of mother and baby was 10 weeks. Six of these cases were accepted from and paid for by other authorities. Six Bradford cases were admitted to St. Margaret's Home, Leeds, and 15 Bradford cases to St. Monica's Bradford.

Of the 33 cases dealt with 12 mothers retained their babies; eight of these returned to the family circle, and the follow-up reports of the health visitors show all proved satisfactory. Four mothers were found rooms and jobs and the babies vacancies in the day nursery.

Follow-up reports have proved that rehabilitation is a hard task. Babies are not welcomed in lodgings, and if they are ill the mothers lose work, making living and life in general difficult for them.

Reflecting on the year's work, the rehabilitation of the unmarried mother, though interesting, was not an easy task. On the whole she has more intelligence than 20 years ago. She comes from a better home

and, if she is a skilled worker, she can earn good money, consequently the standards and appointments of the Home must be very high indeed if a lesson is to be taught and a way of life shown to them on which to pattern their lives when they leave the Home. It was found important to keep them fully occupied physically and mentally, which with careful planning is not difficult.

Admissions for the Year

Referred by:—

| | | | |
|-------------------------------|----|----|----|
| Moral Welfare Association | .. | .. | 14 |
| Almoner | .. | .. | 3 |
| Probationer Officer | .. | .. | 2 |
| Bradford Health Department | .. | .. | 8 |
| West Riding Health Department | .. | .. | 4 |
| Leeds Health Department | .. | .. | 2 |
| | | | — |
| | | | 33 |
| | | | — |

The unmarried mother to-day is viewed by society with much greater tolerance than 20–30 years ago; perhaps there is a national feeling that her problem is now not so great as it was. It is, of course, realised that the problem is still there and that though she needs less financial help, she does need moral support and sympathetic understanding from those with whom she lives. Undoubtedly she has undergone great emotional upheaval, and it is noticed in the majority of the girls that they want to prove to all concerned that they are capable of becoming a “wife”. Here lies the danger for the girl who goes into lodgings and has little home life to fill in the gaps of a lonely existence.

The work for the unmarried mother is not reaching its end. It should be reviewed in its present light, taking into consideration the work which has been done over many years by voluntary societies, and a uniform standard of care established nationally.

The following are typical cases of those receiving help at Oakwell House:—

(1) An unmarried mother, age 32 years. 2nd pregnancy. A Jamaican in England six years.

Admitted 24.2.58. Confined in St. Luke's Maternity Hospital. Showed signs of depression after the birth of the baby on re-admission to Oakwell House.

Seen by Psychiatrist and Psychiatric Social Worker.

After repeated consultations with the Mental Health Team she showed no signs of improvement and arrangements were made in conjunction with the Mental Health Team for a consultation with a physician at the Royal Infirmary. No pathological disease was found.

The team concerned continued work on the case, and coping with the situation day and night was not a simple matter for the matron of the Home.

Ways and means were tried to interest the girl. Eventually it was found out she was a dressmaker in her own country, and an expert seamstress. She was given alteration work to do at the Home. Her mental state gradually improved, and from then on she gradually took more interest in herself and the baby, and finally asked to care for him herself.

Her subsequent progress was rapid, eventually a domestic job was found for her and she is now working regularly and helping in a big way to support herself and her two children.

(2) An urgent request was received from the general practitioner for help with a mother who was distraught and threatened to commit suicide owing to the difficulty in coping with her 5½ months old baby. She and the baby were admitted to the Home for a short time. The mother was anxious to learn how to cope with a home and child. In the atmosphere of the Home she managed to make her baby happy and prevent her crying, which had so distressed her before. She returned home and, with the help of the health visitor, managed to cope with her domestic problems in a satisfactory manner. The fact that she was a married woman made no difference to her being with the unmarried mothers, who welcomed her presence and helped her by their cheerful company.

(3) Girl aged 25 years. 1st pregnancy. Factory worker.

This girl was discharged from a moral welfare home when the baby was 3 months old. The baby had been placed in the care of a foster mother by the matron of the home and a domestic post had been found for the mother. The mother broke down completely and showed serious signs of mental disturbance. She was re-admitted to the moral welfare home concerned, who approached the matron of Oakwell House, as nothing more could be done for her in the home. On admission to Oakwell House she showed alarming signs of instability, having a feeling of guilt and remorse, and was seen by the psychiatric social worker.

She was encouraged to take an interest in her personal appearance and shown how to mend her clothes and collect a few things for herself and baby. Later a job was found for her in a mill, where she worked regularly, gradually becoming more normal.

This girl had come from Ireland, and it was obvious that her environment was not suitable for her. An approach was made to the Moral Welfare Society in Ireland, and arrangements were made to send the girl and her baby back home. There a job has been found for her on a farm where she can work and take care of her own baby.

Illegitimate Births

The number of illegitimate births in 1958 was 373 as against 357 in 1957.

The following table is for the two years 1957 and 1958 for purposes of comparison.

Illegitimate Births, 1957

The number of illegitimate births dealt with by the Department in 1957 was 114. In 64 of these cases the children appeared to be established in a satisfactory manner and the mother was rehabilitated in a fashion which did not lead to any concern.

29 of these 64 were children whose parents were unmarried but living in stable union.

11 were children whose mothers were married after the birth of the child, not always to the father of the child, but to a husband who accepted the child as one of the family.

9 of the mothers concerned were living alone and maintaining the child in a satisfactory fashion.

26 of the mothers returned home, their children being incorporated into the family life.

22 cases were regarded as unsatisfactory by the health visitor and were under regular supervision. In 12 instances the mother had an unstable relationship with the child's father, in 2 instances the mother was on probation, and in 6 instances the mother was mentally unstable.

6 children were in the care of the Local Authority.

9 were adopted.

2 had been placed in Dr. Barnardo's Home and in the Church of England Home respectively.

| | | No. of Live Births | No. of Still Births | Still Birth Rate | Infant Death Rate |
|--------------|----|--------------------------|---------------------------|------------------------|-------------------------|
| 1957 | | | | | |
| Legitimate | .. | 4,631 | 121 | 25.5 | 28.7 |
| Illegitimate | .. | 342 | 15 | 42.0 | 32.0 |

Illegitimate Births, 1958

The number of illegitimate births with which the Department dealt in 1958 was 149. In 71 cases the children appeared to be established in a satisfactory manner and the mother was rehabilitated in a fashion which did not lead to any concern.

52 of these 67 cases were children whose parents were unmarried but living in stable union.

11 cases were of children whose mothers were married after the birth of the child and a satisfactory home life had been established.

38 of the cases were of mothers who were living alone and maintaining their babies in a more or less satisfactory manner.

34 of the unmarried mothers returned to their families with the child. The child was incorporated into the family life. This is the group which seems to give rise to least concern as the mother is protected to a certain extent by her family and is not entirely responsible for the care of her child.

21 cases were considered unsatisfactory by the health visitor and required frequent visits. In 3 of these cases the mother had been certified and entered a mental hospital. In 5 cases the mothers were of very unstable character and were associating with foreigners, often living in Indian households. In one case the mother was on probation and in the rest of the cases there was very little security for either the mother or child.

16 of the children had been adopted, 4 were in homes, either National or local authority and 4 were in the care of foster parents.

10 children have died during the year—5 from broncho pneumonia, one from gastro enteritis, 3 from congenital causes and one from accidental cause.

| | | No. of Live Births | No. of Still Births | Still birth Rate | Infant Death Rate |
|--------------|----|--------------------------|---------------------------|------------------------|-------------------------|
| 1958 | | | | | |
| Legitimate | .. | 4,633 | 103 | 25.5 | 30.4 |
| Illegitimate | .. | 355 | 18 | 48.3 | 28.2 |

Silver Jubilee Home, Heysham

It was recommended by the Health Committee, in November 1958, that the Home should be closed, and this was ratified by the full Council. We regret that the Home has been closed owing to the increase in expenses and the decrease in the need of mothers for a cheap holiday. Investigations are being made regarding possible accommodation at other Homes for mothers and young children whom the Committee may recommend for holidays in the future.

The Maternity Care Committee has provided facilities for convalescent treatment for 39 years in various premises. For 13 years Craiglands Home was filled and prospered, but the need for a Home at the seaside was felt, and in 1937 the Silver Jubilee Home was formally opened by the Lady Mayoress of Bradford, and it has been greatly appreciated by the mothers of Bradford.

Our thanks are due to the Chairman, Mrs. Cadman, and members of the Maternity Care Committee for the unstinted service which they have given in this cause over the years. Formal acknowledgment was made to all concerned by the Medical Officer and the Chairman of the Health Committee in a letter sent to Mrs. Cadman on 9th February, 1959.

Edmund Street Dental Clinic

M. PARKER, B.CH.D., L.D.S.

Dental Officer for Maternity and Child Welfare

Throughout the year Dr. Mari Tankard continued to act as anaesthetist to the clinic, being available two sessions per week.

Approval has been given for a dental X-ray machine which is expected to be delivered early next year.

The Saint Street Clinic was opened in November and devotes one session per week to Maternity and Child Welfare work.

Table 5 in the Appendix shows that the activities of the clinic were much the same as in previous years.

Odsal Dental Clinic

A. S. METCALFE, L.D.S., R.C.S.

Assistant School Dental Officer

During the year ten sessions were devoted each week to the School Dental Service, and one session each week was devoted to the Maternity and Child Welfare Service.

Maternity and Child Welfare Service

During the year 77 expectant or nursing mothers were examined, having been referred by the midwives. Of these, 69 were found to require treatment. 40 were rendered dentally fit; the remainder received emergency treatment.

A summary of the treatment provided shows that 47 fillings were completed, 17 scalings and polishings were performed, 231 extractions were performed and 48 general anaesthetics were administered. 2 X-rays were taken and 17 full dentures and 14 partial dentures were completed.

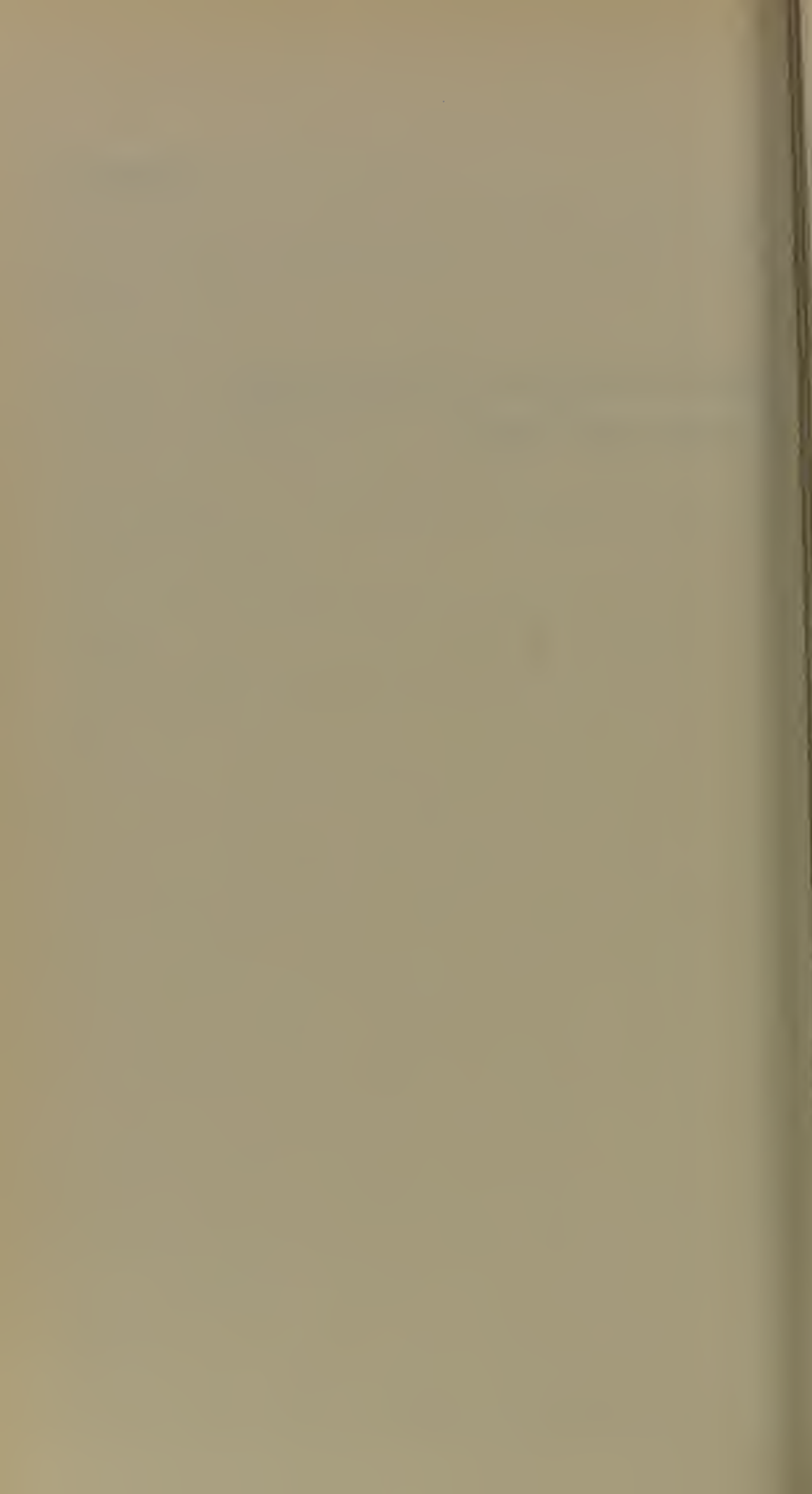
Also, 89 pre-school children were examined, of whom 49 were found to require treatment. Of these, 44 received treatment at the clinic. A total of 61 teeth was extracted for which a general anaesthetic was administered in 48 cases.

The number of attendances at the clinic by pre-school children was 112.

The above figures are included in Table 5 in the Appendix.

Section 5

**Children Neglected or Ill-treated
in their own Homes**



Children Neglected or Ill-treated in their own Homes

W. EDGAR, M.B., CH.B., D.P.H., D.C.H., *Deputy Medical Officer of Health*

Attempts to define problem families have so far concentrated upon the failure of these families to attain acceptable social standards; their failure to benefit from the social services, or their habits and conditions of life which are so unsatisfactory as to lead to neglect of their children. Basically, this neglect represents a failure of the parent/child relationship—failure through emotional immaturity, instability or mental disorder—whereby the parents are incapable of responding to or satisfying the demands their children make of them. The children suffer because the parents are too unstable to form satisfactory or permanent relationships, they are incapable of sustained effort and the handling of their children is uncertain and contradictory, and the home lacks any sense of routine or real security. Because of their ignorance of child care the children are often neglected in the physical sense also. The children, in turn, cannot build on any firm foundation, they acquire no satisfactory habits or routines, and in this way the problem family is perpetuated.

Neglect of the children is the outcome of a number of factors, and the combination of these rather than any one of them leads to neglect. Overwhelmed by complex problems which disorganise their lives, the parents are often unwilling or unable to enter into any sort of relationship with social workers and frequently refuse the help offered. Although one adheres to the principle that every individual has a right to decide for himself, this is questionable if the decision is based solely on an impulse to resist help. If, as a result of any such decision or, more probably, no decision at all—the children are neglected, society feels a moral obligation to assist, and if this offer is refused the only alternative is court proceedings leading, in all probability, to splitting up of the family and even more hostility and resistance on the part of the parents to the well-meant offers of the social worker. It is only when all other approaches have failed and neglect of the children cannot be ignored any longer that court proceedings are considered.

The work of the Neglected Children Case Sub-Committee has been supplemented during the year by the provision of certain additional features designed to provide a better system of ascertainment and supervision than has so far been possible.

A young couple, A.C. and M.S., have been known to the Committee since 1955. The girl had been brought up in the care of the Local Authority until 17 years of age. Her mother died when she was 2 and her father died when she was 12. Whilst employed in a neighbouring town she became pregnant. Her consort obtained rooms for her in Bradford and they have cohabited since and now have three children. The house has always been dirty and uncared for, and even with removal to Corporation property where, during a period of some 12 months, they were being supervised by the Children's Department, Health Department and the N.S.P.C.C., there was little sustained effort on the part of either to improve matters, despite domestic help from time to time. The man's work pattern was poor and his income irregular, and they have long been in rent arrears. Latterly he made little attempt to obtain or maintain employment, and his attempts to assist in the house were short-lived.

Despite assistance, advice and even warnings as to the consequences, the home conditions continued to deteriorate and the neglect of the children became even more obvious, and in the end there was no alternative but to institute court proceedings. As a result, despite representations from the social workers that a period of recuperative training would be in the best interests of the girl, both parties were sent to prison for three months and the three children taken into care. Upon their release both parties were extremely bitter against the powers that had "put them down". During their term in prison they had accumulated rent arrears, and as they were unable to obtain employment upon release, there was little chance of their arrears being paid off. When arrangements were made for them to see their children they were distressed because the eldest failed to recognise them and showed no interest in them. The mother replied, "They have taken our children they have taken our liberty and our livelihood", and was so full of resentment that she decided to leave Bradford. She departed to Scotland, where she was soon married, and it is doubtful if the children will ever be returned to their parents. Thus, despite the assistance and patience of the social workers concerned with this family, the eventual outcome was the very one which they had striven so hard and so long to prevent.

Area Co-ordinating Meetings

Health visitors have played an increasing part in the prevention of break-up of families. This has been possible, firstly, as a result of the system whereby the City Treasurer notifies the Medical Officer of Health of all cases in which the Town Clerk has been instructed to take action for the recovery of the possession of the premises on account of rent or rate arrears. These families are visited by the district health visitor and a report submitted to the Medical Officer of Health. The purpose of the visit is to explain the position to the tenants and to advise and assist them in ways of meeting their arrears; or, failing this, to assist the family in making suitable arrangements for alternative accommodation. 194 names were referred in this way by the City Treasurer during the year, 15 of whom were actually evicted.

Secondly, the formation of area co-ordinating meetings at four of the area centres represents an endeavour to bring together various social workers in order that they might discuss the many problems presented by these families, agree amongst themselves on an appropriate line of assistance, and also to agree which social workers will be responsible for supervising the family discussed in order to reduce multiple visitation.

Special Home Helps

Towards the end of 1957 a scheme was prepared for training selected home helps to work with problem families in supervised accommodation. A course was held early in 1958 and, as a result, eight home helps are now available for this particular work. The helps work in conjunction with the district health visitor and under the direction of the Deputy Medical Officer of Health. The purpose is to assist the mother in simple domestic routines, and when some measure of improvement has become apparent the amount of assistance is gradually reduced and the mother encouraged to accept more responsibility for running the home. Acceptance of this assistance is a condition of admission to supervised accommodation, although no charge is made for this service.

Supervised Accommodation

Two huts previously owned by the Welfare Committee were transferred to the Health Committee for housing problem families. Only selected families are admitted, usually following eviction. Each hut, which is unfurnished, accommodates three families, with communal

washing and cooking facilities. A nominal rent is charged, inclusive of lighting, gas and central heating, and the families are responsible for providing their own food and furniture. After a variable time in the huts families may themselves find alternative accommodation, or eventually be transferred to sub-standard accommodation.

The Public Works Committee agreed to transfer to the Health Committee certain sub-standard houses for accommodating problem families. These are old houses which have been acquired by the Public Works Committee for future demolition when improvement schemes are implemented. These individual houses, which are unfurnished, are not immediately available and cannot, therefore, be used to rehouse recently evicted families. A small rent is charged as the families have to pay for their own gas, electricity and coal. These two types of accommodation are referred to as "supervised accommodation" because the specially trained home helps are provided to assist the mothers in their household routines. If families accumulate further rent arrears there is no fear of eviction as the accommodation is the property of the Health Department.

This whole scheme is designed to prevent separation of children from the family in times of stress; to provide immediate accommodation for problem families if no other provision is available; to help the parents face up to their responsibilities and by the provision of domestic help to assist the mother. It is anticipated that a certain number of families will respond to this supervision, others will benefit only to a limited extent, but with continual supervision they will be enabled to maintain a better standard of care for their children than if they had been left to themselves.

Practical assistance of this nature is, of course, only one approach to these families, and on occasion it is not always welcomed by those who are quite satisfied with their mode of life. If resistance of this nature has been found the help has been temporarily withdrawn, since it is of doubtful value to impose standards—artificial standards—upon these families. Real progress, which is slow, can only be made by mutual acceptance.

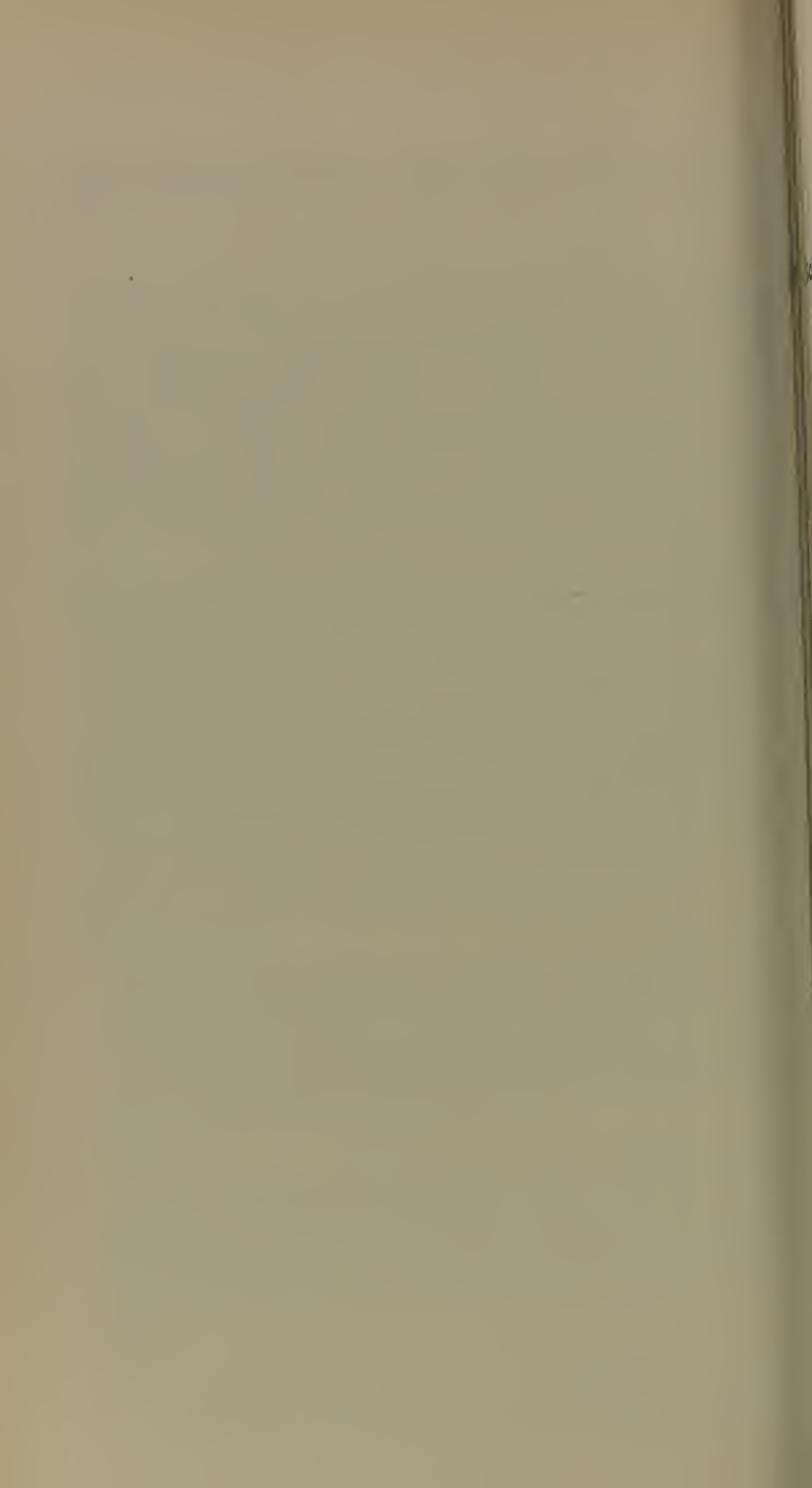
During the year seven families were admitted to the huts, two of whom have been transferred to sub-standard accommodation. The third family left to live with relatives and the remaining four are still accommodated in the huts. Four families have been admitted to sub-standard accommodation during the year—two from the huts and two direct.

the following eviction from private property and the other in an effort to reunite an already broken home.

Family Service Unit

The two caseworkers of the Family Service Unit are on the staff of the Health Department and are able to provide a more intensive approach to problem families than is possible in the case of other social workers who visit the families in the course of their other duties. The approach of the F.S.U. is based on mutual acceptance, with the emphasis on the relationship between the caseworker and the family, and assessment of assistance is related to the underlying problems and needs of the family. As a result the F.S.U. tend to tackle the hard core of the problem and, with it, the necessity for more intensive supportive work than is possible by other social workers.

It might appear from what has been said that problem families in Bradford are the exclusive responsibility of the Health Department. Whilst a large part of the work may be undertaken by the various social workers in the Health Department, this is, of course, not so. The co-operation and assistance obtained from other Corporation Departments—Children's, Estate Office, Education, Treasurer's, Welfare, Police, as well as the Probation Department, N.S.P.C.C. and other voluntary bodies, is greatly appreciated. It is a source of great encouragement to know that such a large piece of co-ordinating machinery works so smoothly and satisfactorily for the benefit of these families.



School Health Service

STAFF

CASES SEEN BY OPHTHALMIC SURGEON

SPEECH THERAPY

PHYSIOTHERAPY

ULTRA-VIOLET RAY THERAPY

MEDICAL INSPECTION

INFECTIOUS DISEASES

CO-OPERATION OF PARENTS, TEACHERS, Etc.

PERIODIC MEDICAL INSPECTIONS

AUDIOMETRIC TESTING

SCHOOL CLINICS

SCHOOL NURSING

SPECIAL EDUCATIONAL TREATMENT

CHIROPODY

LINTON RESIDENTIAL SPECIAL SCHOOL FOR DELICATE PUPILS

LISTER LANE SPECIAL SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

BAILDON RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

McMILLAN SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

ODSAL HOUSE SCHOOL FOR THE DEAF

TEMPLE BANK SCHOOL FOR PARTIALLY SIGHTED PUPILS

SCHOOL DENTAL CLINIC

ODSAL DENTAL CLINIC

MEDICAL INSPECTION AND TREATMENT RETURNS

CHILD GUIDANCE CLINIC

11 SPRINGBANK PLACE
181a BARKEREND ROAD

1884

1884

1884

1884

1884

School Health Service

Staff

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer:

WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

D. M. LANGLEY, M.B., CH.B., D.P.H.,

R. WOODHEAD, M.B., CH.B.

J. L. WALKER, M.B., CH.B.

W. E. D. CRAWFORD, M.D., CH.B.

F. N. BAMFORD, M.B., CH.B., D.C.H.

R. C. LAVERICK, M.B., CH.B.

G. T. MACCULLOCH, M.B., CH.B. (Appointed 4/1/58)

Specialist Officers:

Orthopaedic Surgeons: A. NAYLOR, CH.B., M.SC., F.R.C.S.

J. WISHART, F.R.C.S.

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Ophthalmologists: S. ROBERTSON, M.B., CH.B., D.O.M.S.

H. C. BLACK, M.B., CH.B., B.A.O., D.O.M.S.

J. L. WOOD, M.R.C.S., L.R.C.P. (appointed Oct. 1958)

Ear, Nose and Throat Consultant: H. MORUS-JONES. F.R.C.S.

School Dental Officers:

Principal School Dental Officer: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

Assistant School Dental Officers:

S. HALL, L.D.S. (Liv.)

A. S. METCALFE, L.D.S., R.C.S. (Eng.)

Dental Officers employed on a sessional basis:

Anaesthetist: M. TANKARD, M.R.C.S., L.R.C.P.

E. M. DAVISON, B.D.S., L.D.S.

R. SUTCLIFFE, L.D.S.

M. DOBSON, L.D.S.

A. M. FRAZER, B.CH.D., L.D.S.

W. H. HURST, L.D.S.

G. V. MORRELL, L.D.S.

Mrs. C. CARNEGIE, L.D.S., R.C.S. (Eng.)

E. I. FRAZER, B.CH.D. (Hons.), F.D.S., R.C.S. (Eng.)

F. G. PARKER, B.CH.D., L.D.S.

M. J. PALMER, B.CH.D., L.D.S.

Physiotherapists:

Miss V. M. CRIBB

Miss C. E. G. PEARSON

Mrs. A. LEVIN

Mrs. BERRY (part time, appointed 30/6/58/ left 11/9/58)

Mrs. LAWSON (part-time)

Mrs. BLUNDELL

Speech Therapists:

Miss M. AYRTON

Miss G. M. MACNAMARA

School Nursing Staff:

Superintendent School Nurse: Miss F. H. WALKER, S.R.N. S.C.M., H.V.Cert.

Deputy Superintendent School Nurse: Miss A. WILCOCK, S.R.N., S.C.M.
H.V.Cert.

School Nurse/Health Visitors:

Mrs. I. CONN, Miss J. SELLARS, Miss P. S. M. ELLISON, Miss T. HILL, Miss M. BRADLEY, Miss M. WALTON, Miss C. S. SANDERSON, Miss J. LISLE, Mrs. M. DEWHURST, Miss E. M. WILKINSON, Miss G. WOLSTENHOLME, Mrs. L. BENN, Miss J. E. HUNT, Mrs. M. J. M. CLARKE, Miss S. WILCOCK, Mrs. L. I. LENG, Mrs. K. M. CLOUGH, Miss C. G. UMPLEBY, Miss J. WATSON, Mrs. B. DIXON, Mrs. J. I. ROBERTS, Miss M. HARTLEY, Miss H. HUDDY, Miss M. J. NOLAN.

Public Health Nurses:

Mrs. C. M. HAMILTON, Mrs. M. BOOTH, Mrs. M. VAN ZWANENBERG, Miss M. G. MUNRO (left 19/9/58), Miss B. SUGDEN (left 9/10/58), Mrs. E. M. JACKSON, Mrs. M. E. JONES, Mrs. R. LEWINGTON, Mrs. J. B. SMITH, Mrs. J. DEAN, Mrs. M. E. HENDERSON, Mrs. B. BORAKS, Miss A. PICKERSGILL (appointed 19/7/58), Miss J. B. WILSON, Mrs. B. BOWERS (left 20/10/58).

Nursing Assistants:

Miss V. NICHOLSON, Mrs. K. BURTON, Miss G. BURLISON (left 30/9/58), Miss M. HOLMES (left 19/11/58), Mrs. M. HOLROYD, Miss J. M. KERRY, Mrs. D. HEYWOOD (appointed 27/10/58), Mrs. C. DOWELL (appointed 27/10/58), Mrs. D. JAQUES (left 30/10/58).

Chiropodist: Mr. W. V. DALBY, M.CH.S. (part-time)

Audiometrician: Mr. W. MILNER (part-time)

Dental Attendants:

Mrs. E. TINDALL, Mrs. B. MILNER, Miss B. P. ASHMORE, Mrs. J. SCURRAH
Miss M. L. BOTTOMLEY, Miss J. M. BARKER.

Clerical Staff:

Mr. D. W. KENDALL, Mr. A. W. COATES, Mrs. K. F. HOLLINGSWORTH, Miss B. Sutcliffe, Mrs. K. M. SHEPHERD, Miss J. M. FIRTH, Miss B. PRIESTLEY, Mrs. B. COUSINS, Miss P. FIRTH, Miss W. M. GILL.

Child Guidance Clinic (at 11 Spring Bank Place):

Consultant Psychiatrist: Dr. I. TURGEL, M.D.

Educational Psychologist: Mrs. K. F. DEVEREUX

Psychiatric Social Worker: Miss MELLOR

Secretary: Miss B. E. PATTERSON

Child Guidance Clinic (at 181a Barkerend Road):

Consultant Psychiatrist: Dr. H. EDELSTON, M.D., D.P.M.

Psychiatric Social Workers: Miss J. COTTLE, Mrs. M. FARROW

Intelligence Examiner (part-time): Dr. N. LEEDHAM

Section 6

School Health Service

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior School Medical Officer*

A special jubilee account of the Service's development through half a century was given in last year's report.

The first decade of the National Health Service has resulted in one definite change in our organisation. Previously each of the four Bradford School Medical Officers refracted nearly all the children with defective vision found in his or her own area of the city, prescribed appropriate glasses where necessary and referred difficult cases to the Ophthalmic Surgeon, Mr. O. Lodge, F.R.C.S., who also dealt with our ear, nose and throat cases. After 1948, the only S.M.O. to continue doing refractions was the long experienced Dr. M. Langley; Mr. Lodge's work was concentrated at Halifax and the Regional Hospital Board arranged for Mr. Benson, Consultant Oculist, Dr. Robertson, Ophthalmologist and Mr. Morus-Jones, Ear, Nose and Throat Surgeon, to attend to our clinics for certain sessions. Later Dr. Robertson was succeeded by two ophthalmic medical practitioners, Dr. Black and Dr. Wood.

Analysis of Cases seen by Mr. Benson, Ophthalmic Surgeon and Drs. Robertson, Wood and Black at the School Clinics

| | Children of School Age | Pre-School Children | Total |
|---|---------------------------|------------------------|-------|
| Errors of refraction | 1,181 | 1 | 1,182 |
| Squint | 82 | 60 | 142 |
| Other defects | 7 | 15 | 22 |
| | | | <hr/> |
| Grand Total .. | | | 1,346 |
| | | | <hr/> |
| Referred to hospital for operation .. | 3 | 2 | |
| Referred to hospital for orthoptic treatment | 58 | 1 | |
| Number of pupils for whom spectacles were: (a) Prescribed | 968 | | |
| (b) Obtained | 582 | | |

During the year Mr. Benson examined all children in attendance at the Temple Bank School for Partially Sighted Children.

Mr. Morus-Jones, Consultant Ear, Nose and Throat Surgeon, attended the Central School Clinic on two Tuesday mornings each month. He dealt with 196 individual children who made 265 attendances; the cases being divided into two groups.

The first group comprised 111 cases of nose and throat troubles. Removal of tonsils and adenoids was carried out in 53 of them. Two cases were admitted to hospital for antral lavage.

The second group totalled 93 with aural symptoms; 26 of these cases received audiometric checks and 4 received hearing aids; 2 had ear operations on the mastoid bone. The others were treated in the School Clinic by careful aural toilet and antibiotics. Some cases of severe deafness in young children were discovered for the first time by the school medical officers and others were found who had defaulted from earlier hospital treatment. The School Medical Service did useful work in finding these cases which would otherwise have been missed. Children unable to learn properly in ordinary schools because of severe deafness were examined by the Senior School Medical Officer and transferred to Odsal Special Day School where necessary.

During 1958 Drs. Bamford and Laverick successfully completed the course for the Diploma in Public Health at Leeds University. Dr. MacCulloch was appointed to replace Dr. Birch who became Deputy Medical Officer of Health in Watford. The dental staff was brought up to establishment by the addition of seven part-time dental surgeons; Dr. M. Tankard was appointed dental anaesthetist on a sessional basis.

The extent and value of the programme for vaccination against poliomyelitis is briefly indicated by these figures:

During 1958 the number of children immunised was 33,000 of whom 1 got mild poliomyelitis with no permanent paralysis; 31,000 children were not immunised of whom 22 got poliomyelitis, the majority of these suffering paralysis.

Concurrently by policy and also necessity the number of school children immunised against diphtheria fell to:

| | |
|--|-----|
| Completion of two spaced doses | 297 |
| Reinforcing dose | 566 |

The practice of jelly patch testing the sensitivity of five-year-olds to tuberculosis was stopped because results had not been worthwhile.

Visits were made to schools in connection with B.C.G. vaccination of pupils aged 13 years; absentees were subsequently invited to the central clinic.

Number of pupils whose parents had signed acceptance, 2,057. These children were quickly tested by the Heaf Multiple Puncture Test and their reactions read three days later:

| | |
|--|-------|
| Number of negative reactors vaccinated with B.C.G. | 1,445 |
| Number of positive reactors | 398 |

The positive reactors with their home contacts were followed up by health visitors, and offered chest X-rays to discover if there was any active tuberculosis among them.

Investigation of seriously retarded children is the most onerous task of the Department; for many years it was impeded by lack of proper accommodation for all the pupils formally ascertained as educationally subnormal. These difficulties were relieved by the opening on 27th October, 1958, of a second Special E.S.N. School at Netherlands Avenue; senior girls were admitted and also some juniors and infants of both sexes who lived nearby. The McMillan Special E.S.N. School retained all its senior boys, also some nursery children, infants and juniors of both sexes; a few senior girls already in their final year were allowed to remain but this concession will not be repeated.

Speech Therapy

Children treated during the year suffering from various disorders of language, voice and speech numbered 279. Most attended at the Central School Clinic, the remainder attended Odsal School Clinic or were visited in Lister Lane School; altogether attendances totalled 2,583. One hundred and thirty-one new cases were admitted; 115 others were carried forward from 1957; 52 patients were discharged adjusted. Of those cases admitted in 1958, 21 had treatment deferred until 1959.

There was a growing awareness among head teachers of the value and scope of speech therapy as a clinical and educational service, and during the year more schools were visited at the personal request of head teachers. At one school a regular visit was made by the Speech Therapist and the recommended treatment was continued by the teachers. The gratifying results have been helped by the fact that young children receive treatment in familiar surroundings.

Owing to increased numbers of pre-school children being referred for speech therapy, it has been decided to start a play group for suitable cases. Previously pre-school children have been treated through parents and others in their immediate environment, acting on advice from the Speech Therapist. It is now felt that in a play group very

young patients can be given indirect speech therapy and derive benefits from contact with other children of the same age, the most important being the development of a social awareness in the child leading to the spontaneous desire to communicate by means of speech.

Equipment in the form of constructive toys, books, puzzles, games, etc., has been acquired for use by the play group.

Physiotherapy

The cases were referred from medical examinations in all the schools and clinics.

One morning each week at Manor Row was set aside for admission of new children and for discharge of those who have satisfactorily completed their treatment. Remedial exercises are generally given to groups of patients with similar disabilities or, if thought more suitable, individually. Most children enjoyed coming with others, some were helped out of their shyness or indifference by the more enthusiastic members. The aim of the physiotherapists is to make the exercises enjoyable in order that the children will perform well, acquire good habit patterns, practise at home and so shorten their course of treatment. Parents were encouraged to watch exercises being taught to their children, particularly the younger ones, so that they could supervise efficiently home practice.

Cases of Hallux Valgus, nearly always girls, first received advice from the doctor on suitable shoes and stockings, followed by electrical stimulation of the non-acting muscle, preparatory to active abduction of the great toe.

Many cases of bronchiectasis and other chest diseases were referred by the chest physicians at St. Luke's Hospital for postural drainage and breathing exercises.

Other conditions treated by remedial exercises were poor posture, flat chests, asthma, flat feet and recent injuries.

General and local treatment by ultra-violet rays were given for the following conditions: general debility, anaemia, frequent colds, alopecia and acne. Children needing both ultra-violet ray and remedial exercises had them on the same visit.

Remedial exercises were also carried out at Odsal Branch Clinic on morning each week.

At Lister Lane School for Physically Handicapped Children physiotherapy and ultra-violet radiation were regularly given, also supervision of calipers and other appliances worn by the children.

Surgical instrument makers attended when necessary to fit new appliances and repair others, and thus keep pace with the many breakages and outgrowing of appliances.

The figures below show the types of cases treated at Manor Row and Odsal Clinics and the schools from which they are drawn:

Types of cases:

| | |
|--------------------------------|----|
| Poor posture | 66 |
| Flat feet | 62 |
| Hallux valgus | 13 |
| Other foot conditions | 5 |
| Knock-knees | 2 |
| Bronchitis | 19 |
| Asthma | 13 |
| Bronchiectasis | 10 |
| Mouth breather | 13 |
| Other chest conditions | 14 |
| Scoliosis | 3 |
| Old injuries | 4 |
| Recent injuries | 5 |
| Cerebral palsy | 1 |
| Other conditions | 11 |

These came from the following schools:

| | |
|---|----|
| Grammar Schools | 27 |
| Secondary Schools | 39 |
| Primary Schools | 87 |
| Infant Schools | 36 |
| Nursery Schools | 4 |
| Special Schools | 8 |
| Langley Residential School for Physically Handicapped Pupils.. .. . | 1 |
| Boys made .. 1,256 attendances | |
| Girls made .. 1,533 attendances | |

Discharges:

| | |
|---|----|
| Cured | 40 |
| Greatly improved.. .. . | 59 |
| Improved | 41 |
| Unchanged | 5 |
| Referred to hospital or other treatment | 5 |
| Declined treatment | 3 |
| Self discharged | 56 |
| Left school or district before completing treatment | 4 |

THE FOLLOWING FIGURES SHOW THE EXTENT OF ULTRA-VIOLET LIGHT TREATMENT GIVEN AT MANOR ROW TO SCHOOL CHILDREN:

CASES TREATED BY ARTIFICIAL SUNLIGHT

| Defect | No. of Children | Average No. of weeks | Minimum No. of weeks | Maximum No. of weeks | Number of Exposures | | | | | | | | | | | | | | | Signs of Improvement | | | | Results of Treatment | | | | |
|-------------------|-----------------|----------------------|----------------------|----------------------|---------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|--------|-------|-----------|----------------------|-------------------|--------------------|--------|-----------|
| | | | | | Minutes | | | | | | | | | | | | | | | Temperament | Energy | Sleep | Nutrition | Haemoglobin | Condition cleared | Condition Improved | | No Change |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | Much | Slight | |
| Anaemia .. | 17 | 8.0 | 7.0 | 12.0 | 22 | 24 | 21 | 24 | 21 | 25 | 22 | 20 | 18 | 19 | 20 | 19 | 18 | 18 | 14 | 4 | 4 | 3 | - | 2 | 4 | 12 | 1 | |
| Asthma .. | 7 | 8.0 | 7.5 | 10.0 | 7 | 7 | 7 | 7 | 10 | 8 | 7 | 8 | 9 | 7 | 10 | 7 | 6 | 6 | 6 | 2 | 2 | 1 | - | 1 | - | 7 | - | |
| Bronchitis .. | 22 | 8.0 | 6.5 | 10.5 | 24 | 30 | 34 | 38 | 33 | 30 | 30 | 26 | 21 | 22 | 23 | 21 | 19 | 16 | 14 | 2 | 3 | 1 | - | 8 | 4 | 18 | - | |
| Bronchial Catarrh | 15 | 9.0 | 7.5 | 12.5 | 22 | 21 | 29 | 26 | 28 | 32 | 20 | 19 | 15 | 19 | 15 | 18 | 15 | 14 | 13 | 7 | 2 | 5 | - | 3 | 4 | 11 | - | |
| Debility .. | 23 | 9.0 | 7.5 | 12.5 | 30 | 34 | 32 | 32 | 34 | 32 | 32 | 29 | 28 | 26 | 27 | 23 | 24 | 20 | 14 | 7 | 2 | 5 | 1 | 8 | 10 | 7 | 6 | |
| Frequent Colds .. | 75 | 8.5 | 6.5 | 15.0 | 83 | 87 | 91 | 97 | 89 | 97 | 91 | 87 | 83 | 81 | 83 | 81 | 77 | 65 | 53 | 18 | 9 | 14 | - | 22 | 27 | 45 | 2 | 1 |
| Nasal Catarrh .. | 19 | 8.0 | 7.5 | 12.0 | 20 | 21 | 24 | 25 | 27 | 25 | 18 | 19 | 21 | 23 | 22 | 21 | 19 | 14 | 5 | 5 | 3 | 7 | - | 8 | 7 | 10 | 2 | |
| Skin Defects .. | 15 | 8.0 | 7.0 | 10.5 | 15 | 22 | 18 | 18 | 22 | 21 | 17 | 15 | 20 | 19 | 12 | 18 | 17 | 9 | 11 | 1 | 2 | 2 | - | 4 | 7 | 8 | - | |
| Other Defects .. | 52 | 8.5 | 6.5 | 14.0 | 57 | 60 | 64 | 69 | 67 | 61 | 57 | 62 | 59 | 58 | 58 | 54 | 53 | 52 | 36 | 10 | 8 | 9 | 1 | 17 | 18 | 31 | 3 | - |

CASES WHO RECEIVED ULTRA-VIOLET LIGHT TREATMENT BUT FAILED TO COMPLETE THE COURSE

| Defect | No. of Children | Average No. of Weeks | Minimum No. of Weeks | Maximum No. of Weeks | No. of Exposures | | | | | | | | | | | | | | | | | Own doctor stopped course | Self discharged | Purchased own lamp | S.M.O. stopped course | Left the district | Transferred to hospital |
|-------------------|-----------------|----------------------|----------------------|----------------------|------------------|---|----|---|---|---|---|---|---|----|----|---|---|---|---|---|---|---------------------------|-----------------|--------------------|-----------------------|-------------------|-------------------------|
| | | | | | Minutes | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | | | | | | | | | |
| Anaemia .. | 3 | 4.5 | 3.0 | 6.0 | 4 | 6 | 5 | 4 | 2 | 1 | 1 | 3 | 1 | - | - | - | 2 | - | - | 1 | - | | | | | | |
| Asthma .. | 2 | 1.5 | 0.5 | 2.5 | 2 | 1 | 1 | 2 | - | - | - | - | - | - | - | - | 2 | - | - | - | - | | | | | | |
| Bronchial Catarrh | 3 | 4.0 | 2.5 | 5.0 | 3 | 3 | 3 | 4 | 4 | 3 | 2 | 1 | 1 | - | - | - | 3 | - | - | - | - | | | | | | |
| Bronchitis | 2 | 4.0 | 2.5 | 5.5 | 2 | 2 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | | | | | | |
| Debility .. | 4 | 4.0 | 1.5 | 6.0 | 5 | 5 | 7 | 5 | 4 | 4 | 4 | 4 | 4 | 2 | 2 | 1 | 3 | - | - | - | - | | | | | | |
| Frequent Colds .. | 7 | 4.0 | 1.0 | 5.5 | 8 | 7 | 11 | 9 | 6 | 5 | 5 | 2 | - | - | - | - | 5 | 1 | 1 | - | - | | | | | | |
| Nasal Catarrh | 1 | 2.5 | - | - | 1 | 2 | 1 | 1 | - | - | - | - | - | - | - | - | 1 | - | - | - | - | | | | | | |
| Skin Defects | 2 | 4.0 | 3.5 | 5.0 | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | - | - | 1 | - | - | - | 1 | | | | | | |
| Other Defects | 2 | 1.5 | 1.5 | 2.0 | 2 | 3 | 2 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | | | | | | |

Medical Inspection

During 1958 medical inspection of children in age groups 5, 9 and 14 was carried out in all primary and secondary modern schools within the city.

In grammar schools alternate forms only were examined instead of all children over 12, as in previous years. If this should prove adequate it may give time to extend a similar method of examination to secondary modern schools. Since the school leaving age has been raised to 15 it has been found advantageous to examine secondary modern pupils at the age of 14 rather than 13. A special effort is made to persuade the parent or guardian to attend this final medical inspection so that the child's health problems, if any, may be reviewed and if necessary advice given on the suitability of the work he or she intends to take up on leaving school.

A monthly visit was paid to nursery schools by the school doctor. This ensures early discovery and treatment of defects.

Children selected for grammar schools were medically examined before admission. Scholars transferred to city grammar schools from other areas were also examined before or immediately after admission.

In accordance with the Ministry's regulations, every school in the area had a periodic medical inspection during 1958. Prior to the inspection, forms were distributed requesting the presence of parent or guardian, a written consent to immunisation, a list of the child's previous illnesses and the name of the family doctor. At each medical inspection, in addition to pupils in the routine age groups, any child is examined at the request of parent or teacher.

Most children were accompanied by a parent or relative at infant and junior school medical examinations but many pupils came alone to the secondary modern and grammar school inspections. The presence of a teacher at school medical examinations is of great value—information concerning school progress and behaviour, home background, the standard of parental care, etc., is often most helpful. Defects in the child can be jointly discussed and any necessary modification of school curriculum arranged. Co-operation by the teaching staff has always been

an important factor in the success of school inspections and it is much appreciated by the school health personnel. Many schools lack a medical room and we were grateful for the readiness with which staff or classroom was placed at our disposal.

In all but a few instances parents readily accepted advice and carried out suggested treatment. Where opposition was encountered, a visit to the home by the school nurse sufficed to ensure co-operation. Otherwise careful parents do not appear to realise the importance of early bedtime. While the majority of infant and junior children go to bed at a reasonable hour, pupils in secondary modern and grammar schools stay up far too late. The need for adequate rest is always stressed by the school medical staff, and some schools incorporate an "official" bedtime in their school rules—an excellent practice.

Child health in the city remained good. The general condition of the child was satisfactory in the majority of cases, but unsatisfactory in 0.8 per cent of the children examined compared with 0.7 per cent in 1957. Cases of subnutrition were rarely found.

Pupils found with any defect, however slight, at medical inspection were put under observation or referred for treatment by clinic or family doctor. A specialist's opinion was sought where thought necessary. Re-inspection of all children needing either observation or treatment was undertaken a few weeks after each medical inspection and many defects were found cured, or under treatment. Where treatment had not been obtained or had lapsed, a home visit was paid by the school nurse with satisfactory results in almost every case.

During 1958, as in 1957, the routine sight testing included infants. The continued high incidence of defective vision makes the routine sight testing one of the most important tasks of the School Health Service. Treatment for a child with deteriorating or badly defective vision must be insisted upon. The help of teachers in ensuring that glasses are worn at school is appreciated.

The attitude of parents towards defective vision and the wearing of spectacles has altered for the better. Whereas 30 years ago the suggestion that a child needed glasses was often met by indignation and denial, it is quite commonplace now for parents to request an eye appointment.

Hygiene inspections were carried out periodically in all schools, by the school nurses and nursing assistants. Cases of head infestations were detected and dealt with by notification to the parent. Severe or persistent cases were excluded from school. While the discovery of head infestation is important, the great value of these inspections lies in the detection of defects in their early stages. Teachers welcomed the visits of school nurse or nursing assistant as opportunities for bringing forward children suspected of hearing or visual loss, defective speech, mental retardation, etc. Immediate investigation of these cases was undertaken by the school medical personnel and the machinery for appropriate treatment set in motion.

Some grammar and secondary modern schools have facilities for the treatment of minor foot and postural defects. The more serious cases are referred to the Physiotherapy Department at Manor Row.

Facilities for the treatment of visual, hearing, speech, orthopaedic, dental and other defects were provided at the seven school clinics. Physically or mentally handicapped children were transferred to special schools where necessary.

In 1958, as in 1957, a preliminary examination at about the age of 16 was carried out on all grammar school pupils who intended to enter the teaching profession. Thus any major defect which might prevent entry to college or acceptance for superannuation was discovered and the parent or guardian notified. A specialist's opinion as to their fitness for their chosen career was always sought if thought advisable.

The education welfare officers take an annual census of all children of school age in the city. Five-year-olds whose names are not on any school register are reported to the School Medical Officer who arranges for an examination at the school clinic or obtains evidence that the child is unfit to attend school.

Infectious Diseases

An up-to-date copy of a "Vade Mecum concerning Infectious Diseases" is issued to all head teachers in Bradford schools. No teacher or scholar may attend school while suffering or suspected to be suffering from infectious or contagious disease. A teacher suspecting

pupil to be suffering from such a disease must report to the head teacher who, if circumstances warrant, will temporarily exclude the affected child from school, inform the parent or guardian of the reason for exclusion, and notify the Senior School Medical Officer. If further investigation is thought necessary, a nurse is sent to the school concerned to examine contacts, take specimens for laboratory investigation if deemed advisable and take any other precautionary measures which will help to control the spread of infection. A school medical officer may also visit the school.

Notifiable infectious diseases are reported to the Medical Officer of Health by school medical officers and private practitioners. All such cases are visited by a health visitor or public health inspector who gives advice to parents on the care of patient and contacts. Admission to hospital may be arranged and contacts excluded from school.

Co-operation of Parents, Teachers, Education Welfare Officers and Voluntary Bodies

Parental co-operation with the school medical staff was generally good. The help given by teachers in encouraging attendance at medical and dental clinics is much appreciated. The assistance given by the education welfare officers is of great value; reluctant parents are persuaded to visit clinic or family doctor, persistent absence from school is investigated and children who have changed their address or school are traced.

Where absence from school is due to illness, a holiday at Morecambe or a period of open-air school often results in a much improved record of school attendance.

In 1958 as in previous years the Cinderella Club gave many necessitous children a fortnight's holiday at Hest Bank, Morecambe. A member of the School Health Service examined each child prior to travelling. Children recovering from accident or illness enjoyed a much appreciated holiday at Craig Home, Morecambe: the help given by the Victoria Convalescent Fund in this respect is gratefully acknowledged. Tribute must be paid to the N.S.P.C.C. for their assistance in advising problem families and persuading reluctant parents to have necessary medical attention for their children.

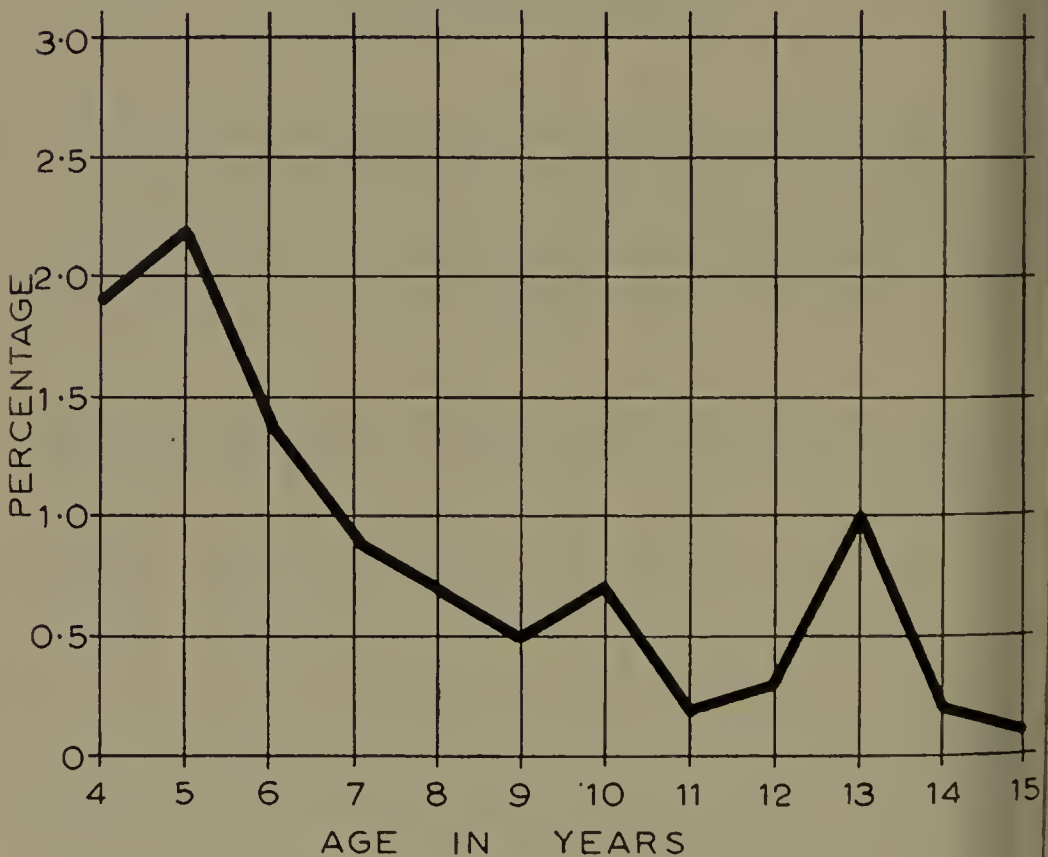
Periodic Medical Inspections

General Condition

The physical condition of 99.2 per cent of the school children examined during 1958 was satisfactory. The graph shows the percentage of pupils in various age groups whose general conditions was found unsatisfactory.

PERIODIC MEDICAL INSPECTIONS

Percentage of Pupils in various Age Groups
whose General Condition was found to be
Unsatisfactory



a) *Diseases of the Skin*

During 1958 a total of 1,412 cases of skin disease was found at periodic and special inspections. Of these 591 were placed under observation, 821 referred for treatment. The latter group included one case of ringworm of the body and seven cases of scabies.

b) *Visual Defects and Diseases of the Eye*

Comparative numbers for 1956, 1957 and 1958 are shown in the following table:

| | | | Cases of Defective Vision | Squint | Other Eye Disease |
|------|----|----|------------------------------|--------|----------------------|
| 1956 | .. | .. | 2,848 | 560 | 287 |
| 1957 | .. | .. | 2,967 | 609 | 245 |
| 1958 | .. | .. | 2,824 | 825 | 233 |

Observation only was required in 1,809 cases of defective vision—the majority of these children were already wearing suitable glasses.

Of the 825 cases of squint, 278 were referred for treatment.

c) *Ear Disease and Hearing Defects*

During 1958, 333 cases of defective hearing were found at periodic and special inspections; 147 cases required treatment, 186 observation only. The total cases of otitis media numbered 309, only three of these being found at special inspections. Other cases of ear disease totalled 283 of which 130 needed treatment.

The table below shows the comparable figures for previous years.

| | | | | Hearing Defect | Otitis Media | Other Ear Disease |
|------|----|----|----|-------------------|-----------------|----------------------|
| 1952 | .. | .. | .. | 183 | 82 | 180 |
| 1953 | .. | .. | .. | 215 | 138 | 199 |
| 1954 | .. | .. | .. | 243 | 258 | 257 |
| 1955 | .. | .. | .. | 222 | 177 | 209 |
| 1956 | .. | .. | .. | 343 | 213 | 196 |
| 1957 | .. | .. | .. | 461 | 329 | 332 |
| 1958 | .. | .. | .. | 333 | 309 | 283 |

d) *Nose and Throat Defects*

At periodic inspections, 2,133 cases of defect or disease of nose and throat were found; a further 202 cases were noted at special inspections. A total of 545 cases required treatment, the remainder being put under observation.

(e) *Defective Speech*

182 cases of speech defect were found at periodic inspections, 32 cases at special inspections: 69 of these were referred for treatment.

(f) *Lymphatic Glands (Non-tuberculous)*

Only 38 of the cases of lymphatic gland enlargement found during 1958 required treatment, the remaining 577 cases needing observation only.

(g) *Heart and Circulatory Diseases*

At periodic inspections during 1958, 446 cases of disease of heart or circulation were found, of which 59 needed treatment. Out of 81 cases discovered at special inspections 60 required treatment.

(h) *Lungs*

The number of cases of non-tuberculous lung diseases, such as bronchitis, asthma, etc., found in 1958 compared with that found in previous years is shown below:

| | | | | Total Cases | Needing Treatment | For Observation Only |
|------|----|----|----|----------------|----------------------|----------------------------|
| 1953 | .. | .. | .. | 804 | 404 | 400 |
| 1954 | .. | .. | .. | 876 | 392 | 484 |
| 1955 | .. | .. | .. | 675 | 290 | 385 |
| 1956 | .. | .. | .. | 652 | 281 | 371 |
| 1957 | .. | .. | .. | 774 | 301 | 473 |
| 1958 | .. | .. | .. | 708 | 239 | 469 |

(i) *Developmental Defects*

241 cases of hernia and 188 cases of other developmental defect were found at periodic and special inspections. Of these, 69 needed treatment.

(j) *Orthopaedic Defects*

At medical inspections during 1958 a total of 1,816 cases of orthopaedic defect was found. Of these, 539 required treatment, the other observation only. Comparative numbers of the various types of orthopaedic defect noted in 1955, 1956 and 1957 are shown in the following table:

| | | | | Posture | Feet | Other |
|------|----|----|----|---------|------|-------|
| 1955 | .. | .. | .. | 649 | 381 | 792 |
| 1956 | .. | .. | .. | 477 | 406 | 759 |
| 1957 | .. | .. | .. | 406 | 430 | 725 |
| 1958 | .. | .. | .. | 399 | 478 | 939 |

(k) Nervous System

At periodic inspections, 278 cases of defect or disease of the nervous system were found, 47 cases at special inspections. The numbers include 18 cases of epilepsy, of which 23 were referred for treatment. The remaining 25 cases were already receiving satisfactory care and attention.

(l) Psychological Defects

Pupils with defects in psychological development and stability numbered 364. Of these, 205 were placed under observation, 159 referred for treatment.

(m) Abdomen

83 cases of abdominal disease were found during 1958. Of these 30 required treatment.

(n) Other

A total of 543 cases of defect or disease not coming under the above classifications was found at periodic and special inspections. 419 of these required treatment, 124 observation only.

Audiometric Testing

During 1958 Mr. Milner, audiometrician attached to the Royal Eye and Ear Hospital, again began a "sweep" test of entrants to infant schools in the city of Bradford. This test is not yet completed, so the numbers listed are those obtained from the schools visited between 1st January and 31st December, 1958.

2,614 children were examined. Of these, 150 were found with hearing loss and reported to the appropriate school medical officer.

The following table shows the figures for 1956-57 and 1958:

| | | Number Examined | Number reported with Hearing Loss | Percentage |
|---------|----|--------------------|---|------------|
| 1956-57 | .. | 4,389 | 164 | 3.7 |
| 1958 | .. | 2,614 | 150 | 5.7 |

Below is shown the incidence of hearing defects in city and suburban schools. "City" schools are those within the area bounded by the ring road, "Suburban" schools those outside the ring road.

| Type of School | | Number Examined | Number with Hearing Loss | Percentage 1958 | Comparable % 1956-57 |
|-------------------|----|--------------------|-----------------------------|--------------------|-------------------------|
| City Schools | .. | 777 | 64 | 8.2 | 5.53 |
| Suburban Schools | .. | 1,584 | 72 | 4.5 | 2.52 |

It will be seen that in 1958 the incidence of hearing defect in "City" schools was 3·7 per cent, in 1956-57 3·01 per cent higher than in "Suburban" schools.

It will be interesting to see whether this difference persists in future. It may be that the higher atmospheric pollution present in city areas predisposes to catarrhal conditions of the ear, nose and throat and therefore to hearing defects.

School Clinics

Location of School Clinics in Bradford

| | |
|--|---------------------------------------|
| Central School Clinic and Offices | 28a Manor Row |
| Edmund Street Branch Clinic | 20 Edmund Street, Little Horton Lane. |
| Green Lane ,, ,, | Green Lane, Manningham |
| Lapage Street ,, ,, | Carrington Street, Bradford Moor |
| Odsal ,, ,, | 55 Odsal Road, Odsal |
| Saint Street ,, ,, | Saint Street, Great Horton |
| Thorpe Edge ,, ,, | Greystone Crescent, Thorpe Edge |
| Usher Street ,, ,, | Usher Street, Wakefield Road |
| Bierley ,, ,, | Dunsford Avenue, Bierley |
| (Minor ailments only) | |

The Central Clinic and Offices remain open five and a half days per week; branch clinics are open each morning from 9.0 to 10.0 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic for consultations (with the exception of Bierley) on Saturday mornings.

In September 1958, a new clinic was opened at Stockton House in the large Thorpe Edge Estate. This clinic caters for the requirements of a developing residential district, and fourteen schools within the area.

School Nursing

It is appropriate 50 years after the commencement of the School Health Service and ten years after the inception of the National Health Service to review the changes effected over the years, in the School Nursing Service.

In 1908 the first school nurse was appointed when Bradford's first school clinic was opened. It was pioneer work among children, many of whom were ill-nourished, under-clad, suffering from infection, ring-worm and vermin infestation.

The staff was increased with the growth of the service until in 1952 there were 15 nurses who worked from a central clinic, special schools and from four branch clinics.

The nurses' duty was only with the school child; there was little contact with workers concerned with other members of the family. The number of children allocated to each nurse was between 5,000 and 8,000; far too many to enable sufficient attention to be given to all the varied needs.

Gradually, since 1952, the integration of school nursing with health visiting has continued until in 1958 there were 38 nurses of the Education and Health Departments engaged on combined work of the school health and child welfare services.

Of this number, 23 were school nurse/health visitors who did both school and health visiting, thereby coming to know the children's families well and forming an excellent link between homes and schools.

Groups of staff now work from eight centres around the city. These teams consist of a doctor, health visitor/school nurses, clinic nurses, nursing assistants and a clerk. In this way they are more readily available to the families they serve, to teachers and to consult with other workers in the area. A more satisfactory community service can thus be fostered.

Although there is no longer malnutrition, infectious disease has declined and ringworm is little known, constant attention still has to be given to personal hygiene; many parents are indifferent to louse infestation. There is real need for more health education in schools and in the home. The prevention of disease and accidents, the after-care of children who have been ill and are handicapped, offer great scope for the future. Health education activities in the schools increased during 1958; the following health visitors in the course of their school work took classroom teaching in elementary child care, personal hygiene and elementary human biology.

| | | | |
|-------------------|----|----|-------------------------------------|
| Miss Nolan | .. | .. | Lapage Secondary Girls' School |
| Miss Lisle | .. | .. | Undercliffe Secondary Girls' School |
| Miss Hunt | .. | .. | Usher Secondary Girls' School |
| Miss Dickson | .. | .. | St. Joseph's Girls' School |
| | | | St. Cuthbert's Girls' School |
| | | | Undercliffe Secondary Girls' School |
| Miss Wolstenholme | .. | | Highfield Secondary School |

Summary of Nurses' Work Sheets, 1958

Number of home visits:

| | | |
|--|-------|-------|
| In connection with Medical Research Council's B.C.G. Vaccine Trials | 121 | |
| In connection with head infestation and general hygiene | 494 | |
| To follow up defects found | 1,381 | |
| For hospital after-care | 148 | |
| | <hr/> | 2,144 |

Number of school visits:

| | | |
|---|-------|-------|
| For inspection for head infestation and hygiene | 2,045 | |
| For preparation, weighing, measuring, vision testing, etc. | 900 | 2,945 |
| | <hr/> | |

Number of personal inspections in schools:

| | | |
|---|---------|---------|
| For head infestation and hygiene | 125,805 | |
| For preparation, weighing, measuring, vision testing, etc. | 25,206 | |
| | <hr/> | 151,011 |

Other defects:

| | | |
|------------------------------------|-------|-------|
| Uncleanliness of body | 45 | |
| Ringworm | — | |
| Scabies | 9 | |
| Impetigo | 24 | |
| Inflammatory eye condition | 81 | |
| Defective vision | 1,106 | |
| Squint | 108 | |
| Otorrhoea | 11 | |
| Infectious diseases | 3 | |
| Other conditions | 465 | |
| | <hr/> | 1,852 |

Special Educational Treatment

Bradford children were accommodated in the following establishments not maintained by the Authority:

| Establishment | Handicap | No. |
|--|--------------|-----|
| Heathersett College for Blind Adolescents, Surrey .. | Blind | 1 |
| York School for the Blind | .. | 2 |
| Royal Normal College for the Blind, Roughton Castle, Shrewsbury | .. | 1 |
| Worcester College for the Blind | .. | 2 |
| Sheffield School for the Blind | .. | 1 |
| Henshaw's School for the Blind, Manchester | .. | 1 |
| Condoover Hall, Condoover Hall School, Shrewsbury .. | Blind/E.S.N. | 1 |

| Establishment | Handicap | No. |
|---|-------------|-----|
| Burwood Park School, Hersham, Walton-on-Thames .. | Deaf | 2 |
| St. John's School, Boston Spa | " | 2 |
| Maud Maxfield School, Sheffield | " | 1 |
| St. George's Hostel, Vine Street, Salford.. .. | Diabetic | 1 |
| Shaftesbury House, Rustington, Sussex | " | 1 |
| Colthurst House School, Warford, Aldersley Edge, Sussex | Epileptic | 1 |
| Lingfield Hospital School, Surrey | " | 5 |
| Grafton Day Special School, near Leeds | E.S.N. | 1 |
| Dr. Barnardo's Homes, Spring Hill, Ripon | " | 1 |
| Heaton Royds Day Special School | " | 1 |
| Nortonthorpe Hall School, near Huddersfield | Maladjusted | 1 |
| Pitt House School, Chudleigh Knighton, Devon .. | " | 1 |
| San Tetley Memorial Home, Killinghall, Harrogate .. | P.H. | 2 |
| Wilfred Pickles School, Stamford, Lincs... .. | " | 1 |
| Campbell Schools (Rudolf Steiner), Aberdeen | Ineducable | 1 |

Chiropody

During the year 312 children were treated at the Manor Row Clinic. An average of 20 children attended the weekly three-hour session. Owing to the increased numbers demanding this type of treatment it was necessary to commence a further weekly session in August 1958. A total of 1,358 visits were recorded over 68 treatment sessions, each patient making 4.4 attendances before being discharged.

Approximately 75 per cent of the cases were verrucae, very rarely did these recur when removed by chemical cautery. Patients with flat feet, hallux valgus, etc., were referred to the Physiotherapy Department.

Linton Residential Special School for Delicate Children

Accommodation planned for 90 delicate and 30 maladjusted pupils was reduced during the year owing to extensive structural alterations. Children returned to their own homes for three weeks at midsummer. Dr. Wynn of Addingham visited regularly and provided domiciliary medical treatment; he also attended regularly whenever requested by telephone. The resident nurse, Miss Wilson, S.R.N., in addition rendered First Aid as required to adult members of staff who total 28 including part-timers; the Education Authority has now given appropriate recognition to Nurse for this extra attention. There was no epidemic disease during the year, the commonest minor ailments were impetigo, boils, and styes; these skin complaints are diminishing, probably because of better food and more fruit.

| | |
|---|-----|
| Total number of days when children were confined to bed | 151 |
| Average number of cases in bed during the year | 1 |
| Number seen by Specialists during the year | 12 |

Three medical inspections were carried out by Dr. M. Langley in March, July and September. During September the following defects were noted:

| | | | | |
|-----------------------------------|----|----|----|----|
| Respiratory catarrh.. | .. | .. | .. | 30 |
| Cervical adenitis .. | .. | .. | .. | 5 |
| Psoriasis .. | .. | .. | .. | 4 |
| Chronic eczema .. | .. | .. | .. | 8 |
| Asthma .. | .. | .. | .. | 10 |
| Anaemia .. | .. | .. | .. | 42 |
| Chorea .. | .. | .. | .. | 5 |
| Insomnia .. | .. | .. | .. | 24 |
| Gingivitis .. | .. | .. | .. | 2 |
| Bronchitis .. | .. | .. | .. | 22 |
| Otorrhœa .. | .. | .. | .. | 26 |
| Petit Mal .. | .. | .. | .. | 2 |
| Anorexia .. | .. | .. | .. | 26 |
| Debility .. | .. | .. | .. | 19 |
| Chronic blepharitis .. | .. | .. | .. | 2 |
| Rheumatism .. | .. | .. | .. | 8 |
| Heart congenital malformations .. | .. | .. | .. | 3 |

Mr. Morrell visited twice for dental inspections and any treatment urgently required; arrangements were made for non-urgent attention to be given in Bradford during holidays.

The maladjusted pupils were kept under supervision by the Child Guidance personnel.

Lister Lane Special School for Physically Handicapped Pupils

The year 1958 saw the realisation of a long awaited hope: the opening of new Rest Rooms, the provision of a gradual sloped corridor in place of difficult stone steps and refurnishing of the school with improved equipment. At a time when demands upon Educational buildings have been particularly heavy, this is a great achievement.

The school has seven classes following a curriculum similar to ordinary schools with a strong bias towards practical subjects.

At the end of 1958 there were 158 children on roll, from 3 to 16 years of age, suffering from the following disabilities:

Infantile paralyses, cerebral palsy, spina bifida, osteomyelitis, tuberculosis of bone and joints, talipes, amputations, Perthe's disease, cardiac disease, haemophilia, chorea, asthma—and various other chronic defects.

Owing to the beneficial treatment received during the year, nine children had sufficiently improved to be transferred to ordinary schools;

Two girls were admitted to grammar schools. Fourteen scholars reached 16 years of age and obtained suitable employment on leaving.

Two orthopaedic surgeons, Mr. Wishart and Mr. Naylor, visited the school every month and advised treatment. Several children were admitted to hospital for operation.

Physiotherapy was given by Miss Cribb and Miss Pearson. Miss MacNamara, Speech Therapist, visited weekly and gave individual treatment mostly to the cerebral palsy children. Nurse Hamilton was in attendance during school hours and also visited homes to ensure the co-operation of parents in connection with suggested treatment.

The number of cerebral palsy children increased during the past 12 months; their pace is slower than most others, but they were given education suitable to the limits of their capacity. In the Commercial, Manual and Housecraft Classes, the senior boys and girls find an outlet for individual interests.

The children entered competitions, which gave them confidence to take part in every day affairs. Twelve pupils received awards varying from prizes of 20/- to certificates for Art, Essay Writing and Hand Writing. Many children also received certificates for attaining a certain standard in swimming.

Baldon Residential School for Physically Handicapped Pupils

The average number of resident children throughout the year was 21. Professional care was maintained by Dr. Arthurton, Consultant Paediatrician, and Dr. Woodhead. The Senior School Medical Officer arranged admissions and discharges. The twelve new cases comprised:

| | |
|---------------------------------------|---|
| Congenital Heart Disease | 4 |
| Acquired Valvular Heart Disease | 3 |
| Chronic Bronchitis | 2 |
| Recurrent Asthma | 2 |
| Subnutrition and Anaemia | 1 |

The thirteen cases discharged included:

| | |
|--|---|
| Fit for Secondary Modern Schools .. | 6 |
| Fit to take up places at Grammar Schools | 2 |
| At parents' request | 4 |
| Over age at 16 years | 1 |

The circle of generous friends enlisted by Matron made social occasions more memorable. Christmas was distinguished by a visit from Santa Claus with the retinue, providing wonderful table decorations and toys

for each child. Shipley Fire Brigade in their spare time made dolls, cots, trains and wheel barrows designed individually for each delighted recipient.

McMillan Special School for Educationally Sub-Normal Pupils

Previous overcrowding and a waiting list of candidates were relieved after the autumn mid-term holiday when 56 children were transferred to the new Special School at Netherlands Avenue, whose first Headmistress, Mrs. Clarkson, had been the housecraft teacher at McMillan Special School. The number on roll dropped to 182; senior classes took boys only; nursery, infant and junior classes remained mixed. The Nursery Department was modernised, redecorated and provided with new toilets.

Both staff and pupils escaped epidemics throughout the year. Despite weekly attention by nurse, 12 children were persistent harbourers of pediculosis.

The annual exhibition of school work showed a wide variety of activities including woodturning, pottery, modelling, basketwork and weaving. Gardening, the school's widely acknowledged speciality, failed to produce the usual impressive display of vegetables owing to unfavourable weather.

Odsal House School for the Deaf

The number on roll slowly increased throughout the year and averaged 112. It has been possible to run the School in two distinct streams, providing six classes for the severely deaf and five for the partially deaf. During the year, an experimental G.C.E. group has been formed for children who seem capable of reaching grammar school levels, but for whom places cannot be found in suitable grammar schools. It is hoped that these pupils, now aged 11-12 years, may be able to take "O" level papers in English, History and Geography, Cookery and Art at the age of 16.

The provision of a small well-furnished and attractive library, opened in January 1958 by Councillor Taylor, J.P., has done much to stimulate an interest in reading. Senior pupils continue to take full advantage of borrowing books for home reading, a privilege soon to be extended to junior classes.

The introduction of Induction Loop Line transmitting systems has proved most successful. All rooms have been wired experimentally and

The two complete sets received in March have been in constant use. The younger partially deaf children and a group of children with very severe hearing loss have both shown marked improvement as a result of working in a completely oral atmosphere.

Two girls, both profoundly deaf, have been awarded places at the Mary Hare Grammar School for the deaf, and one partially deaf boy has been selected for the Bradford Boys' Grammar School.

The third speech day was held in March, in the Mechanics' Institute, when a large gathering of friends and parents were present at the prize-giving and the short demonstration of work in school.

During the year there have been many educational outings, including visits to Belle Vue Zoo for Junior children, and to Ingleton Falls for the Seniors. A party of 36 children and five teachers spent a week in Scotland in June and gained much from this very successful school journey.

The School holidays were rearranged to allow all members of the staff to attend the International Congress on the Educational Treatment of Deafness held at Manchester in July.

The School has been fortunate in being well served by the Royal Eye and Ear Hospital, where the children continue to receive immediate medical attention whenever it is necessary, and to have an excellent repairs and servicing arrangement with the technicians of the Hearing Aid Department. Through this excellent co-operation no child is left without a hearing aid or a new ear-mould for more than a few days.

The School has welcomed many distinguished visitors, including The Lady Mayoress of Bradford, and The Lord Bishop of Bradford and Mrs. Coggan during the year, and has been open to numerous groups of students.

Temple Bank School for Partially Sighted Pupils

During 1958 the average number on roll was 61; 11 children were admitted and 8 left. Of those who left:

2 were discharged at 16

4 were discharged at 15

1 was discharged at 10 as ineducable

1 was discharged at 9 as fit for a normal school.

Those who were discharged obtained posts as shop assistants, junior clerks, a box maker and a parks gardener.

During the year there were visits from H.M. Inspectors, various training college students and from trainee health visitors. The Lady Mayoress paid an informal visit accompanied by the Medical Officer of Health and the Senior School Medical Officer.

Ophthalmic attention was given every two months by Mr. Benson, Consultant Occulist. A general medical inspection was held in October; 20 children were tested by an audiometrician. Mrs. Devereux, educational psychologist, tested the intelligence of a number of children. The equipment of the school was increased.

An open day was held in December which included an exhibition of the children's work. Several of the senior children took part in a performance of "The Canterbury Pilgrims". Other children sang, played recorders and did country dancing. There was a day trip to York for the older children and a day trip to Ilkley for the younger ones. Two teachers took 33 children to Bertram Mills' Circus.

School Dental Clinic

Notwithstanding the loss of the services of three dental officers, who resigned in order to enter private practice, the work of the dental clinics has been well maintained during the year. At the end of 1958, the dental staff consisted of three whole-time officers and ten part-time practitioners who gave a service equivalent to 2.7 whole-time officers.

There is a happy relationship between the private practitioners in the City and the Local Authority. The local Dental Committee is very helpful in the supply of part-time assistance and this has been most useful in carrying out routine work.

We were fortunate in securing the services of a part-time anaesthetist because of the urgent necessity of saving the time of the dental officers; she has co-operated well and unobtrusively. The outlook for the future recruitment of full-time staff is not hopeful as the number of students in the Dental Schools does not show much improvement. Frequent advertising in the professional journals has not elicited any satisfactory replies.

The usual course of dental inspections has been held in the schools; children found with defects were given the opportunity of receiving treatment at one of the clinics. Altogether 30,676 children were examined and of these 18,669 were found to require treatment, 16,007 were offered treatment and 10,707 were actually treated at the clinic.

making 15,046 attendances, as it is often impossible to complete the necessary treatment in one visit.

Treatment has been carried out on similar lines to other years. This consists in the extraction of septic and aching teeth and the filling of teeth which are deemed suitable. Owing to the limited number of dental surgeons engaged most of the available time is concentrated on preserving the permanent dentition. A summary of the work shows that 5,868 fillings were completed, 5,954 permanent teeth extracted, 10,363 temporary teeth extracted; in addition 1,426 other operations were undertaken. Straightening or regulation of teeth has also an important place in the line of treatment. The cases for this form of treatment (orthodontic) must be carefully selected. Complete parental co-operation is essential if the patient is to have a beneficial result, as the treatment is sometimes long and tedious. This year 63 orthodontic appliances were made for 61 cases, 35 patients were successfully treated, 6 cases failed to respond. The remaining 20 patients are still under treatment. The total number of attendances for orthodontic treatment was 548.

The X-ray apparatus, which is so essential to orthodontic work, continues to give good service and is much appreciated by the staff. The radiographs are often a great aid in determining the course of treatment and a photographic record of the patient's dental condition is obtained with minimum delay.

The teeth of the children attending Linton Residential School were inspected twice during the year in July and December. Treatment was carried out at the Central Clinic during the school holidays, when the children were at home in Bradford. The teeth and gums were in good condition, and only a small amount of treatment was necessary. Moorland House Approved School at Ilkley was also visited during the year and again excellent results were noted in the dental condition of the boys.

The new Dental Clinic in Saint Street was opened by the Lord Mayor in October. It consists of a modern, well-equipped surgery, waiting room and recovery room, and will be a great benefit to parents and children residing in the neighbourhood, as patients can make appointments and receive treatment without having to come into the city.

Odsal Dental Clinic

A. S. METCALFE, L.D.S., R.C.S., *Assistant School Dental Officer.*

During the year ten sessions were devoted each week to the Schools' Dental Service, and one session per week was devoted to the Maternity and Child Welfare Service.

During 1958, a total of 5,260 children were examined in the schools of whom 2,224 were found to require treatment. Of these, 1,371 were referred to Odsal Clinic for treatment, and 853 attended their own private dental practitioners.

Emphasis was again laid upon conservative treatment, each child receiving detailed instruction in oral hygiene, and the co-operation of the parents or guardians being invited in the maintenance of clean, healthy mouths, a policy which has been instrumental in many cases in establishing a helpful and friendly relationship between patients and operator.

The total attendances made at the clinic were 2,338 and a summary of the work done shows that 585 fillings were completed, 585 permanent teeth were extracted and 350 deciduous teeth were extracted. For these extractions a general anaesthetic was administered in 562 cases, the rest being accomplished under a local anaesthetic; 32 orthodontic appliances were constructed and 6 dentures were fitted.

Other operations were performed in 822 cases, these being scaling and polishing of the teeth, taking of X-ray films, adjustment of orthodontic appliances and drainage of dental abscesses with subsequent dressing and filling of the root canals.

It has been gratifying to note that many parents have requested appointments, so that their children may have regular checks of the teeth, and also that parents of children not served by this clinic have asked for appointments, having been recommended to attend Odsal Clinic by their friends.

Splendid co-operation has again been received from the head teachers and staff of all schools visited, and this has greatly facilitated the work of the Department, and the appointment system, under the direction of the Dental Attendant, has continued to function smoothly.

Medical Inspection and Treatment Returns

PART I

Medical Inspection of pupils attending Maintained, Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. *Periodic Medical Inspections*

| Age Groups Inspected By year of birth) | No. of Pupils Inspected | Physical Condition of Pupils Inspected | | | |
|---|-------------------------|--|------------------|----------------|------------------|
| | | Satisfactory | | Unsatisfactory | |
| (1) | (2) | No. (2) | % of Col.(2) (4) | No. (5) | % of Col.(2) (6) |
| 1954 and later | 794 | 779 | 98.1 | 15 | 1.9 |
| 1953 | 1,683 | 1,646 | 97.8 | 37 | 2.2 |
| 1952 | 2,559 | 2,522 | 98.6 | 37 | 1.4 |
| 1951 | 569 | 564 | 99.1 | 5 | 0.9 |
| 1950 | 149 | 148 | 99.3 | 1 | 0.7 |
| 1949 | 1,753 | 1,744 | 99.5 | 9 | 0.5 |
| 1948 | 2,493 | 2,476 | 99.3 | 17 | 0.7 |
| 1947 | 1,646 | 1,642 | 99.8 | 4 | 0.2 |
| 1946 | 905 | 902 | 99.7 | 3 | 0.3 |
| 1945 | 202 | 200 | 99.0 | 2 | 1.0 |
| 1944 | 1,353 | 1,350 | 99.8 | 3 | 0.2 |
| 1943 and earlier | 2,820 | 2,817 | 99.9 | 3 | 0.1 |
| Total .. | 16,926 | 16,790 | 99.2 | 136 | 0.8 |

Table B—*Pupils found to require treatment at Periodic Medical Inspections*
(Excluding Dental Diseases and Infestation with Vermin)

| Age Groups Inspected (By year of birth) | For defective vision (excluding squint) | For any of the other conditions recorded in Part II | Total Individual Pupils |
|--|--|---|-------------------------|
| (1) | (2) | (3) | (4) |
| 1954 and later | — | 59 | 59 |
| 1953 | 29 | 247 | 267 |
| 1952 | 45 | 390 | 422 |
| 1951 | 10 | 85 | 94 |
| 1950 | 3 | 21 | 23 |
| 1949 | 88 | 226 | 298 |
| 1948 | 126 | 363 | 452 |
| 1947 | 78 | 197 | 259 |
| 1946 | 42 | 125 | 155 |
| 1945 | 13 | 35 | 46 |
| 1944 | 98 | 178 | 257 |
| 1943 and earlier | 176 | 359 | 501 |
| Total .. | 708 | 2,285 | 2,833 |

Table C—*Other Inspections*

| | |
|---------------------------------------|-------|
| Number of Special Inspections | 3,084 |
| Number of Re-Inspections | 3,124 |
| | <hr/> |
| | 6,208 |

Table D—Infestation with Vermin

| | |
|--|---------|
| (a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons | 125,805 |
| (b) Total number of individual pupils found to be infested | 3,132 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | — |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | — |

TABLE II

Return of defects found by Medical Inspection during the year.

Table A—Periodic Inspections

| Defect Code No. | Defect or Disease | Entrants | | Leavers | | TOTAL (including all other age groups inspected) | |
|-----------------|---------------------|-------------------------|---------------------------|-------------------------|---------------------------|--|---------------------------|
| | | Requir- ing treat- ment | Requir- ing observa- tion | Requir- ing treat- ment | Requir- ing observa- tion | Requir- ing treat- ment | Requir- ing observa- tion |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 4 | Skin | 113 | 135 | 99 | 67 | 583 | 568 |
| 5 | Eyes: | | | | | | |
| | (a) Vision .. | 85 | 145 | 157 | 288 | 708 | 1,487 |
| | (b) Squint .. | 119 | 180 | 14 | 41 | 253 | 533 |
| | (c) Other .. | 33 | 24 | 5 | 18 | 84 | 109 |
| 6 | Ears: | | | | | | |
| | (a) Hearing .. | 33 | 62 | 15 | 13 | 94 | 159 |
| | (b) Otitis Media .. | 24 | 75 | 12 | 31 | 70 | 236 |
| | (c) Other .. | 8 | 39 | 17 | 21 | 70 | 135 |
| 7 | Nose and Throat .. | 208 | 757 | 20 | 110 | 407 | 1,726 |
| 8 | Speech | 27 | 67 | 3 | 10 | 50 | 132 |
| 9 | Lymphatic Glands .. | 21 | 280 | 1 | 16 | 33 | 571 |
| 10 | Heart | 16 | 98 | 5 | 60 | 59 | 387 |
| 11 | Lungs | 60 | 182 | 9 | 37 | 124 | 431 |
| 12 | Developmental: | | | | | | |
| | (a) Hernia .. | 10 | 106 | 1 | 6 | 21 | 217 |
| | (b) Other .. | 2 | 29 | 4 | 10 | 43 | 131 |
| 13 | Orthopaedic: | | | | | | |
| | (a) Posture .. | 8 | 33 | 26 | 38 | 142 | 196 |
| | (b) Feet .. | 18 | 44 | 28 | 37 | 171 | 219 |
| | (c) Other .. | 29 | 160 | 12 | 111 | 106 | 773 |
| 14 | Nervous System: | | | | | | |
| | (a) Epilepsy .. | 5 | 7 | 3 | 2 | 20 | 22 |
| | (b) Other .. | 28 | 40 | 3 | 16 | 98 | 138 |
| 15 | Psychological: | | | | | | |
| | (a) Development .. | 11 | 17 | 1 | — | 36 | 51 |
| | (b) Stability .. | 12 | 32 | 1 | 7 | 20 | 85 |
| 16 | Abdomen | 10 | 25 | 1 | 1 | 25 | 51 |
| 17 | Other | 11 | 21 | 6 | 6 | 36 | 49 |

Table B—Special Inspections

| Defect Code No. (1) | Defect or Disease (2) | Pupils Requiring Treatment (3) | Pupils Requiring Observation (4) |
|------------------------------|--------------------------|---|---|
| 4 | Skin | 238 | 23 |
| 5 | Eyes: | | |
| | (a) Vision | 307 | 322 |
| | (b) Squint.. .. . | 25 | 14 |
| | (c) Other | 37 | 3 |
| 6 | Ears: | | |
| | (a) Hearing | 53 | 27 |
| | (b) Otitis Media | 3 | — |
| | (c) Other | 50 | 18 |
| 7 | Nose and Throat | 138 | 64 |
| 8 | Speech | 19 | 13 |
| 9 | Lymphatic Glands | 5 | 6 |
| 10 | Heart | 60 | 21 |
| 11 | Lungs.. .. . | 115 | 38 |
| 12 | Developmental: | | |
| | (a) Hernia.. .. . | 1 | 2 |
| | (b) Other | 4 | 10 |
| 13 | Orthopaedic: | | |
| | (a) Posture | 32 | 29 |
| | (b) Feet | 60 | 28 |
| | (c) Other | 28 | 32 |
| 14 | Nervous system: | | |
| | (a) Epilepsy | 3 | 3 |
| | (b) Other | 27 | 14 |
| 15 | Psychological: | | |
| | (a) Development | 63 | 53 |
| | (b) Stability | 40 | 16 |
| 16 | Abdomen | 5 | 2 |
| 17 | Other | 383 | 75 |

PART III

Treatment of Pupils attending Maintained and Assisted, Primary and Secondary Schools (including Nursery and Special Schools).

Table A—Eye Diseases, Defective Vision and Squint

| | Number of cases known to be dealt with |
|---|---|
| External and other, excluding errors of refraction and squint | 233 |
| Errors of refraction (including squint) | 1,914 |
| Total | 2,147 |
| Number of pupils for whom spectacles were prescribed | 1,403 |

Table B—Diseases and Defects of Ear, Nose and Throat

| | Number of cases known to be dealt with |
|---|---|
| Received operative treatment: | |
| (a) for diseases of the ear | 141 |
| (b) for adenoids, and chronic tonsillitis. | 1,295 |
| (c) for other nose and throat conditions | 150 |
| Received other forms of treatment | 274 |
| Total | 1,860 |
| Total number of pupils in schools who are known to have been provided with hearing aids: | |
| (a) in 1958 | 31 |
| (b) in previous years | 132 |

Table C—Orthopaedic and Postural Defects

| | Number of cases known to be dealt with |
|---|---|
| (a) Pupils treated at clinics or out-patients dep. .. | 151 |
| (b) Pupils treated at school for postural defects .. | 19 |
| Total | 170 |

Table D—Diseases of the Skin

(Excluding uncleanness for which see Table II)

| | Number of cases treated or under treatment during the year by the Authority |
|-----------------------------|---|
| Ringworm—(i) Scalp | — |
| (ii) Body | 1 |
| Scabies | 7 |
| Impetigo | 90 |
| Other skin diseases | 1,068 |
| Total | 1,166 |

Table E—Child Guidance Treatment

| | |
|--|-----|
| Pupils treated at child guidance clinics | 207 |
|--|-----|

Table F—Speech Therapy

| | |
|---|-----|
| Pupils treated by Speech Therapists | 246 |
|---|-----|

Table G—Other Treatment Given

| | |
|---|--------------|
| Pupils with minor ailments | 1,357 |
| Pupils who received convalescent treatment under School Health Service arrangements | 368 |
| Pupils who received B.C.G. vaccination | 1,300 |
| Other than (a), (b) and (c) above: | |
| (1) Other Defects and Diseases | 807 |
| (2) Pupils treated by Chiropodist | 312 |
| Total (a) – (d) | <u>4,144</u> |

PART IV

Dental Inspection and Treatment carried out by the Authority.

| | |
|---|---------------|
| 1. Number of pupils inspected by the Authority's Dental Officers: | |
| (a) At periodic inspections | 23,762 |
| (b) As specials | 6,914 |
| | <u>30,676</u> |
| 2. Number found to require treatment | 18,669 |
| 3. Number offered treatment | 16,007 |
| 4. Number actually treated | 10,707 |
| 5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) | 15,046 |
| 6. Half-days devoted to—(a) Periodic (School) Inspection | 225 |
| (b) Treatment | 1,552 |
| | <u>1,777</u> |
| 7. Fillings—(a) Permanent Teeth | 5,692 |
| (b) Temporary Teeth | 181 |
| | <u>5,873</u> |
| 8. Number of teeth filled—(a) Permanent Teeth | 4,376 |
| (b) Temporary Teeth | 176 |
| | <u>4,552</u> |
| 9. Extractions—(a) Permanent Teeth | 5,954 |
| (b) Temporary Teeth | 10,363 |
| | <u>16,317</u> |
| 0. Administration of general anaesthetics for extractions | 10,253 |
| 1. Orthodontics: | |
| (a) Cases commenced during the year | 61 |
| (b) Cases carried forward from previous year | 26 |
| (c) Cases completed during the year | 35 |
| (d) Cases discontinued during the year | 6 |
| (e) Pupils treated with appliances | 63 |
| (f) Removable appliances fitted | 63 |
| (g) Fixed appliances fitted | — |
| (h) Total attendances | 548 |
| 2. Number of pupils supplied with artificial teeth | 43 |
| 3. Other operations: | |
| (a) Permanent Teeth | 1,403 |
| (b) Temporary Teeth | 23 |
| | <u>1,426</u> |

Child Guidance Clinic (11 Springbank Place)

Consultant Psychiatrist: Dr. IRENE TURGEL, M.D. (part-time)

Educational Psychologist: Mrs. K. DEVEREUX

Psychiatric Social Worker: Miss I. MELLOR

Throughout the year there has been a full team for the first time since 1956, though we were sorry indeed to lose the services of our Secretary, Miss Bancroft, who had worked in the Clinic for over seven years.

In general the work has proceeded as in the past, except that more children have attended for remedial teaching, chiefly of reading. With little special provision in the city for the child who, though falling behind in his studies, does not warrant a place in a Special School, the numbers of children who need individual help to learn to read are substantial. We understand that the decision to close the Tutorial classes was due to lack of suitable teaching staff, and we are looking forward to the time when there is a sufficient number of teachers available to re-open them.

Another problem to which we want to draw the attention of the Authority is the increasing number of cases of "Schoolphobia," i.e. of children and adolescents who refuse to go to school, many of them showing symptoms of anxiety, sleep disorder or psychosomatic complaints. In these statistics they represent 10 per cent of the psychiatric case load. Characteristically more than 50 per cent of these children are grammar school pupils. The problem seems to have become of nation-wide significance since for the next Child Guidance Inter-Clinic Conference "Schoolphobia" has been chosen as the only subject of discussion.

During the year student health visitors, training college student and diploma students from the Institute of Education, Leeds, have visited the Clinic; and members of the Clinic staff have spoken to teachers, parents and other interested groups on Child Guidance, Child Development and the Remedial Teaching of Reading. We have been glad to maintain our customary friendly relations with colleagues in

related fields through the good offices of our Psychiatric Social Worker. Visits have also been paid each term to Linton Residential Special School.

Towards the end of the year the long-awaited decorating was done: not only does the Clinic look bright and clean, but many of the parents of our patients have remarked how welcoming the premises are, and the adolescents unquestionably enjoy the improvements. For this reason we should particularly like to express our appreciation that our individual wishes were met. In our work there are many imponderables and it is impossible to measure one influence against another, but among these must be counted the environment in which we work. That parents and children enjoy the appearance of our Clinic is of undoubted value and an additional aid to therapy.

Analysis of 111 Children (69 boys and 42 girls) seen by Psychiatrist in 1958

A. CLASSIFICATION ACCORDING TO PREDOMINANT SYMPTOM

| | C/fwd. from 1957 | | Admitted 1958 | | Total |
|--|---------------------|-------|------------------|-------|-------|
| | Boys | Girls | Boys | Girls | |
| 1. <i>Delinquency:</i> (Stealing, lying, housebreaking, truancy and wandering, sex misdemeanour, including 13 Court cases) | 7 | 1 | 9 | 4 | 21 |
| 2. <i>Behaviour Disorders:</i> (Defiance, aggression, violence, negativism) | 8 | 7 | 15 | 7 | 37 |
| 3. <i>Psychosomatic Disorders:</i> (Functional pains, vomiting, fainting, skin disorders, enuresis, soiling) | 8 | 4 | 5 | 2 | 19 |
| 4. <i>Nervous or Neurotic Manifestations:</i> (Anxiety states, sleep disorders, hysterical conditions, obsessional neurosis) .. | 1 | 3 | 4 | 4 | 23 |
| 4a. <i>Schoolphobia</i> | 2 | 5 | 3 | 1 | |
| 5. <i>Personality Disorders; Inadequate Personalities</i> | — | 1 | 5 | 3 | 9 |
| 6. <i>Educational Backwardness</i> | — | — | 2 | — | 2 |
| | 26 | 21 | 43 | 21 | 111 |

B. CLASSIFICATION ACCORDING TO AETIOLOGY

| | | | | | | C/fwd. from 1957 | | Admitted 1958 | | Total |
|--|---|--|--|--|--|---------------------|-------|------------------|-------|-------|
| | | | | | | Boys | Girls | Boys | Girls | |
| <i>I. Primarily in the Child:</i> | | | | | | | | | | |
| 1. | Organic defects or disorders of the Central Nervous System (including two psychotic boys) | | | | | 1 | 2 | 2 | — | 5 |
| 2. | Intellectual retardation and/or General Immaturity | | | | | — | 1 | 3 | 1 | 5 |
| 3. | Emotional instability or Temperamental abnormalities (including schizoid personalities) | | | | | 7 | 3 | 10 | 7 | 27 |
| 4. | Emotional reactive processes: | | | | | | | | | |
| | (a) | Mental conflicts (including inferiority feeling, jealousy) | | | | 8 | 10 | 14 | 7 | 39 |
| | (b) | Anti-social character formation .. | | | | 1 | — | 2 | — | 3 |
| | (c) | Traumatic experiences including early separation | | | | 2 | — | 3 | — | 5 |
| <i>II. Primarily in the Environment:</i> | | | | | | | | | | |
| 1. | Faulty family relationships | | | | | 2 | 3 | 4 | 5 | 14 |
| 2. | Inadequate environment | | | | | 4 | 2 | 4 | 1 | 11 |
| 3. | School | | | | | 1 | — | 1 | — | 2 |
| | | | | | | 26 | 21 | 43 | 21 | 111 |

C. ANALYSIS OF 125 CHILDREN SEEN IN 1958

| | | | | | | By Psychiatrist | By Psychologist | Total |
|---|----|----|----|----|----|--------------------|--------------------|-------|
| Brought forward from 1957 | .. | .. | .. | .. | .. | 47 | 3 | 49 |
| Admitted in 1958 | .. | .. | .. | .. | .. | 64 | 18 | 76 |
| Discharged in 1958 | .. | .. | .. | .. | .. | 47 | 9 | 55 |
| Carried forward to 1959: | | | | | | | | |
| For further treatment | .. | .. | .. | .. | .. | 46 | 9 | 52 |
| For observation including 13 children at Linton | .. | .. | .. | .. | .. | 18 | — | 18 |

D. STATUS ON CLOSURE

| | | | | | | |
|--|----|----|----|----|----|----|
| Very much improved | .. | .. | .. | .. | .. | 14 |
| Improved | .. | .. | .. | .. | .. | 23 |
| Discontinued (left district, to Approved School, etc.) | .. | .. | .. | .. | .. | 9 |
| Unco-operative | .. | .. | .. | .. | .. | 5 |
| Seen for diagnosis only (1—3 interviews) | .. | .. | .. | .. | .. | 4 |

E. DISTRIBUTION OF INTELLIGENCE

| | | | | | | | |
|--------------|----|----|----|----|----|----|---------|
| 70 or under | .. | .. | .. | .. | .. | 7 | } = 26% |
| 71 to 85 | .. | .. | .. | .. | .. | 26 | |
| 86 to 95 | .. | .. | .. | .. | .. | 28 | } = 56% |
| 96 to 105 | .. | .. | .. | .. | .. | 23 | |
| 106 to 115 | .. | .. | .. | .. | .. | 18 | |
| 116 to 130 | .. | .. | .. | .. | .. | 8 | } = 18% |
| 131 and over | .. | .. | .. | .. | .. | 15 | |

TABLE I. SUMMARY OF CASES REFERRED

| | | | | | | | | |
|-----------------------|----|----|----|----|----|----|----|----------------|
| Schools | .. | .. | .. | .. | .. | .. | .. | 15 |
| Parents | .. | .. | .. | .. | .. | .. | .. | 5 |
| School Health Service | .. | .. | .. | .. | .. | .. | .. | 16 |
| G.P.'s | .. | .. | .. | .. | .. | .. | .. | 11 |
| Probation Office | .. | .. | .. | .. | .. | .. | .. | 8 |
| Education Department | .. | .. | .. | .. | .. | .. | .. | 9 |
| Children's Officer | .. | .. | .. | .. | .. | .. | .. | 2 |
| Hospitals | .. | .. | .. | .. | .. | .. | .. | 2 |
| Psychologist | .. | .. | .. | .. | .. | .. | .. | 7 |
| Others | .. | .. | .. | .. | .. | .. | .. | 5 |
| | | | | | | | | <hr/> 80 <hr/> |

TABLE II. SYMPTOMS FOR WHICH REFERRED

| | | | | | | | | |
|--|----|----|----|----|----|----|----|----------------|
| Stealing | .. | .. | .. | .. | .. | .. | .. | 12 |
| Aggressive and difficult behaviour | .. | .. | .. | .. | .. | .. | .. | 33 |
| Avasive behaviour problems, truanting, lying, refusing to go to school | .. | .. | .. | .. | .. | .. | .. | 10 |
| School failures and backwardness | .. | .. | .. | .. | .. | .. | .. | 8 |
| Anxieties, fears, shyness and depression | .. | .. | .. | .. | .. | .. | .. | 4 |
| Enuresis and soiling | .. | .. | .. | .. | .. | .. | .. | 3 |
| Psychosomatic disorders | .. | .. | .. | .. | .. | .. | .. | 3 |
| Nervous habit disorders | .. | .. | .. | .. | .. | .. | .. | 6 |
| Sibling jealousy | .. | .. | .. | .. | .. | .. | .. | 1 |
| | | | | | | | | <hr/> 80 <hr/> |

Child Guidance Clinic (181a Barkerend Road)

Consultant Psychiatrist: Dr. H. EDELSTON, M.D., D.P.M. (part-time)

Psychiatric Social Workers:

Miss J. COTTLE, Mrs. M. FARROW

Approved Medical Officer: Dr. N. LEEDHAM (part-time)

Dr. Edelston was initially appointed by the Health Committee in 1957 for three sessions per week with the Mental Health Service. As the Education Committee required extra sessions to cope with the mounting waiting list at the Child Guidance Clinic he was accordingly engaged for a further three sessions per week for this purpose.

This combined appointment has proved an excellent step towards preventive family psychiatry and is in keeping with the modern trend in the mental health field and with the recent Circular No. 347 emphasizing that the Child Guidance Clinic is an integral part of a family mental health service since the problems of the child and the problems of the parents are inter-related.

Regular case conferences of all professionally interested workers were held during the lunch hour, and direct contact with school medical officers, family medical practitioners, probation officers, health visitors, children's department and other social agencies was soon established.

There was no artificial break in continuity of treatment at school-leaving age or any other arbitrary age. When dealing with children the whole family received attention and it was frequently found that one or other parent had warnings of a mental breakdown going unheeded, or even overt psychological disorder being left untreated.

The total number of adults dealt with by the Psychiatrist and Psychiatric Social Workers was 338.

| | | | | | | | |
|---------------------------------|----|----|----|----|----|----|----|
| No. of children referred | .. | .. | .. | .. | .. | .. | 96 |
| No. investigated and advised | .. | .. | .. | .. | .. | .. | 55 |
| No. taken for regular treatment | .. | .. | .. | .. | .. | .. | 41 |
| | | | | | | | — |
| | | | | | | | 96 |
| | | | | | | | — |

Mental Welfare

ADMINISTRATION

CONSTITUTION AND MEETINGS OF COMMITTEE

STAFF

CO-ORDINATION WITH REGIONAL HOSPITAL
BOARD, Etc.

DUTIES DELEGATED TO VOLUNTARY ASSOCIA-
TIONS

TRAINING

WORK UNDERTAKEN IN THE COMMUNITY

PREVENTION, CARE AND AFTER-CARE

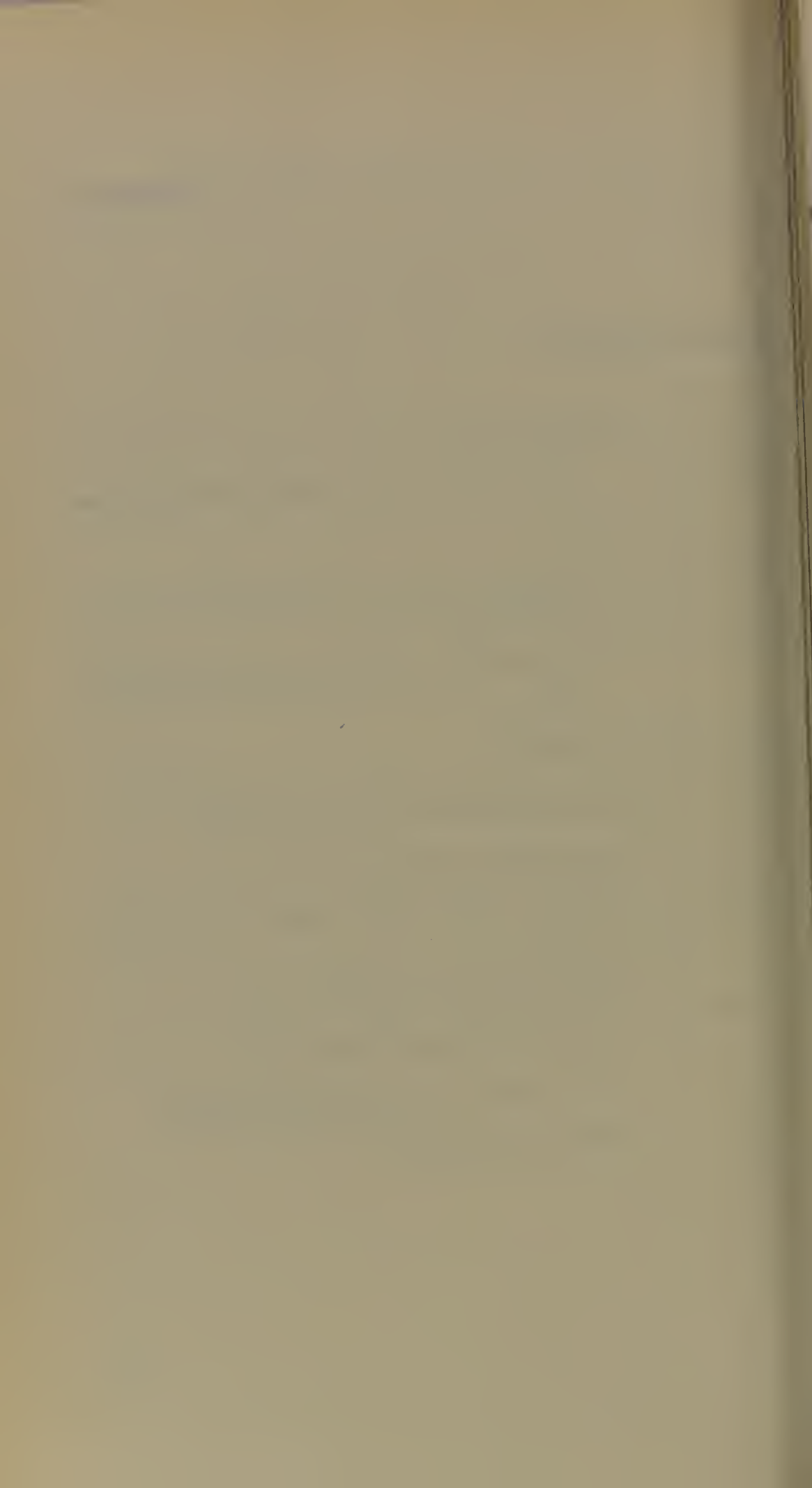
UNDER LUNACY AND MENTAL TREATMENT
ACTS

UNDER MENTAL DEFICIENCY ACTS

GUARDIANSHIP AND SUPERVISION

OCCUPATION AND INDUSTRIAL CENTRES

AMBULANCE SERVICE



Mental Welfare

(Section 51, National Health Service Act, 1946)

Administration

a) Constitution and Meetings of Committee

The Service is administered by a Mental Health Sub-Committee of the Health Committee comprising nine elected members of the Council and three co-opted members. Quarterly meetings were held during the year.

b) Staff Employed in the Mental Health Service

Consulting Psychiatrist (part-time)
Medical Officer for Mental Health (vacant)
One Medical Officer (part-time)
Mental Welfare Officer (vacant)
One Senior Duly Authorised Officer
Three Duly Authorised Officers
Two Psychiatric Social Workers
Two Mental Deficiency Social Workers
One Occupation Centre Supervisor
Seven Assistant Occupation Centre Supervisors
One Physiotherapist (part-time)
One Industrial Centre Instructor
Two Industrial Centre Assistant Instructors
Clerical Staff (three).

(c) Co-ordination with Regional Hospital Board and the Hospital Management Committees

Close co-operation has existed between the local hospital management committees and kindred bodies and the local authority.

(d) *Duties delegated to Voluntary Associations*

There are no duties delegated to voluntary associations, but a grant is made by the Council to the National Association for Mental Health and the local Marriage Guidance Council; and assistance by way of accommodation afforded to the local branch of the National Spastics Society.

(e) *Training of Mental Health Workers*

Facilities for practical training in the occupation and industrial centres were once again afforded to students of the diploma course for occupation centre supervisors run by the National Association for Mental Health, and practical casework experience was given to a student of the diploma course in social science of the University of Manchester.

One of the duly authorised officers attended the course for mental welfare officers organised by the National Association for Mental Health (Northern Branch) in conjunction with the Department for Extra-Mural Studies of the University of Leeds.

Work Undertaken in the Community, etc.

(a) *Prevention, Care and After-Care*

(Contributed by H. EDELSTON, M.D., D.P.M., Consulting Psychiatrist)

It has always been the practice of this department to work in close touch with the general practitioner, and since taking up my post at the end of September 1957 an even closer liaison has been fostered. Mental health cases bristle with problems of professional secrecy, but exchange of information are now made with greater ease and confidence. It soon transpired that we were supplying a long-felt want, for patients were referred by their doctors for consultation as well as requests from local social agencies for our professional help. I will describe later the kind of clinical cases encountered in this new field where the combined activities of psychiatrist and skilled psychiatric case worker can make contact with cases previously untouched or even inaccessible.

We were greatly helped in our new venture by the fact that three of our sessions each week are devoted to "child guidance", where the combined team-work approach has been standard for many years. Children's work brought us very quickly into direct contact with the social agencies—probation officers, health visitors, care officers, etc.

We revived an old tradition of the regular case conferences, to which all professionally interested parties are invited. Primarily they are for the purpose of pooling information and deciding on a joint course of action, though they can be the vehicle of much informal teaching. Direct discussions of this kind are of inestimable value in fostering good-will and understanding unobtainable through written reports, formal or otherwise. There is nothing to replace personal contact with field-workers as the simplest and most effective form of co-operation. It was quite natural to carry over the conference habit to adult cases, and we encourage the case-workers concerned to attend our discussions.

To go further into the advantages of combining child guidance with adult mental health work. First there is no artificial break at, say 17 or any other arbitrary age, to disrupt the continuity of treatment. Then, again, with children the whole family is the focus of attention, and one frequently finds, in one or other parent, warnings of a mental breakdown going unheeded, or even overt psychological disorder being left untreated.

Case 1. A childless couple brought their adopted daughter for consultation on account of her displaying defiant behaviour and beginning to throw back adoption at her parents. In the investigation it transpired that the husband had suffered for some time from symptoms of a neurosis, which for various reasons he had not previously disclosed to anyone. In the end he was taken on for regular sessions, with great benefit.

There is no doubt that in child guidance one sees the very earliest openings for effective mental hygiene, and that this service is in every way complementary to the mental health services for adults.

Our present set-up, catering for both children and adults on the same premises and with the same staff, is a real beginning in this direction. Most of the adult patients are treated on modern "case-work" lines by the psychiatric social workers (under supervision), but I find time for a number to be taken on personally. It is very time-consuming work, making great demands on the patience and skill of the staff; but it can be very rewarding, and results, often forestalling hospitalisation or preventing long-term invalidism, well repay the time and effort spent.

Case 2. A young married woman of foreign extraction was notified to the duly authorised officer by her doctor as in need of hospital

treatment on account of suicidal ideas and fears that she might harm her children. She refused to go into the mental hospital voluntarily and was therefore referred for an opinion as to certification. She was diagnosed as an anxiety state with marked depressive features; but it was also revealed that there was a good deal of external aggravation—from her own mother—to account for her depression, and much “traumatic” material poured out when given the time and opportunity to unburden herself. Fortunately she had a good, solid, dependable husband who was prepared to work with us, and our combined efforts were successful not only in getting her over her depression but in tackling her previous neurotic doubts and fears of long standing which had culminated in the present breakdown.

We had the patient under our care for over six months, and can be reasonably sure that the recovery is a stable one. It should be noted that the approach was entirely on psychological lines and that no physical treatment of any kind was needed.

Case 2a. In another case the source of the trouble was the husband himself, who was a chronic alcoholic. (Clearly hospital treatment could not offer much, as she would still have to face the domestic situation on coming home.)

The patient's complaint was of being depressed, tired, and weepy, with no energy. In spite of the adverse domestic situation we were able to help her considerably through support kept up over several months.

Here is an example where the patient was taken into hospital, only to realise after admission how little was done for her.

Case 3. We were asked by a general practitioner to pay a home visit on one of his patients, a married woman in her middle thirties who had been a nervous invalid on and off for some years. Following the birth of a child she was three months in (a general) hospital for thyroid trouble. She was the better for her treatment there, but her nervousness returned soon after her return home—and in an aggravated form. She could hardly leave the house (this was the reason for a home visit being called for) let alone go to work as she had done before. At one time she became so “worked up” that she was admitted to a mental hospital (via the general hospital). She only stayed there a week before taking her discharge.

The psychiatrist paid a domiciliary visit, when it was decided she was suitable for treatment on our usual case work lines. At first this meant regular visits to her home, but she was slowly encouraged to attend the clinic to continue her sessions there. There were many fluctuations before she came through, including a "flight" to obtain treatment at a general hospital in a nearby town, but the end result, a healthier and more normal personality, justified the time and trouble taken.

The practice of sending awkwardly behaved patients to mental hospital is widespread, and I wonder how much it contributes to the overcrowding so much complained of these days. There are many who do not fit into the hospital regime for whom it is a mistaken policy, nor is it good for them as patients nor for the family, to evade their responsibilities in this way. Temporary removal may be called for to ease an intolerant situation, but taken alone it cannot give lasting relief. There must be someone to work with the whole family and the social background; and when it comes to the question of whether or not to remove the patient, these workers, i.e. the general practitioners working with the local authority mental health staff, are in the best position to make the decision in the interest of all concerned.

During the course of our after-care we come across the extremely common anxious depressions of middle age, the kind normally treated in hospital with E.C.T. As is well known, these depressions are recurrent and the patient may require repeated courses of E.C.T. A number of them are loth to go back into hospital, and here we have found an opening for a psychological approach ultimately making E.C.T. unnecessary.

Case 4. Of the above type was Mrs. A. B., a competently over-conscientious middle-aged woman. She had been in the mental hospital nearly a year previously for E.C.T. She was most unhappy about it and left as soon as the course of treatment was over. Though she was again anxious and depressed, she would not go back. She appealed, "Could you do anything without my return to hospital?"

She was an intelligent woman ready to co-operate, and there were indications that a psychological approach might be of effect—as indeed happened.

We also have clinical neuroses sent for treatment. We have to limit our intake to "short term" cases only; it is not possible to provide for

patients needing intensive or deep analytic procedures of any kind. For these latter there are very few public facilities—almost none in this part of the country, and it would be interesting to know what happens to those who cannot afford private treatment. Some we find are actually admitted to hospital, others may become long-term out-patients. Nevertheless, from the few we have taken on, I find there are those who can be considerably helped even by short-term psychotherapy, on the right lines.

Case 5. A young married man, a white collar worker, had been troubled with symptoms for three years. He was a meticulous, almost fastidious, worker who had kept up his job, but only at the cost of much ill-health and severe restriction of his personal life. I have seen him regularly, over a period, for sessions of relaxation with modified free association. The case has not proved too difficult, yet the improvement is considerable.

The above description of the year's work, with illustrative cases briefly quoted, shows quite clearly one need for the local authority mental health service.

One of the difficulties, part clinical but chiefly administrative, is the precise relationship between the local authority and the Regional Hospital Board services. In clinical work one cannot make the hard and fast lines of division so beloved of administrators, and there is bound to be overlapping. Furthermore, as the patient's illness progresses—for better or for worse—there may be changes in those who have him in their professional charge, either from local authority to hospital, or from hospital to general practitioner, etc. Changes of this kind have long been the practice in general medicine as between the hospital consultant (surgeon and physician) and the general practitioner, which are well effected wherever there are good relationships between consultant and general practitioner. In psychiatric practice, on account of the nature of the work often bringing in other social agencies and even legal authorities, the collaboration is more involved and the right organisation is far from clear. There are no hard and fast rules, for a good deal depends on local conditions and the personnel available. But it is generally accepted that there must be good personal contact to get full understanding between the professional men concerned.

Statistics

Below are a few figures to give some idea of the case load:—

Adults

| | |
|---|-------|
| A. Total number of cases reported to duly authorised officers | 721 |
| Number calling for immediate action | 430 |
| Number registered as abortive | 291 |
| | |
| B. Cases handled further by psychiatrist and psychiatric social workers:— | |
| Abortive cases selected for follow-up | 52 |
| Cases reported to psychiatric social workers (after-care, etc.) | 144 |
| * Cases referred directly to psychiatrist for consultation | 142 |
| | <hr/> |
| | 338 |

* These are requests for a formal medico/psychological opinion and/or assistance, either from the patient's doctor or from some official agency, e.g. probation services, unemployment exchange, etc.

Children

| | |
|-----------------------------------|----|
| Total number of referrals | 96 |
|-----------------------------------|----|

(b) Under the Lunacy and Mental Treatment Acts

During the year 721 cases were reported to the duly authorised officers for investigation, and of these 430 were admitted to mental hospital. The remaining 291, not deemed suitable for admission to mental hospital, were dealt with otherwise, either by reference to consultant psychiatrist or psychiatric social workers, or were referred for admission to chronic sick wards, or referred to other agencies.

A further 164 patients were admitted to mental hospital without arrangements made by the mental health service, chiefly through the out-patient psychiatric clinics at the Royal Infirmary or St. Luke's Hospital.

Of the 430 patients admitted to mental hospital by the Mental Health Service, 60 were admitted as certified patients in the first instance, and 42 were certified after a period of observation.

Thus a total of 594 patients admitted to mental hospital for treatment as Health Service patients, 102 required certification for this purpose.

A decrease of some 76 in the number of patients admitted to mental hospital through the Mental Health Service compared with the previous year's figure, is considered to be due to some extent to the work of the consultant psychiatrist and the psychiatric social workers who have, whenever possible, treated suitable cases in the community.

The number of persons over 70 years of age admitted to mental hospital during the year was 73, as against the previous year's total of 75, and of these only one was admitted as a certificated patient.

The number of voluntary patients admitted to mental hospital during the year through the Mental Health Service showed a decrease of 54, while the direct voluntary admissions, chiefly through the out-patient psychiatric clinics at St. Luke's Hospital and the Royal Infirmary, remained fairly constant, showing an increase of 9 only.

The number of patients admitted as temporary patients remained unchanged at 10.

With the overall increase in the proportion of voluntary admissions to mental hospital and with compulsory admissions becoming the exception rather than the rule under proposed legislation, the role of the duly authorised officer will undoubtedly change from that of removal officer to that of social worker in the field of prevention and after-care, and for this new role he will need training and experience which, in the past, he has not been given.

Table 1 indicates the number of patients admitted to mental hospital under the Lunacy and Mental Treatment Acts by the Mental Health Service, giving the number of males and females and also those of 70 years and over. Table 2 gives a summary of all patients admitted to mental hospital both by the Mental Health Service and by way of out-patient psychiatric clinics, and shows also the number of cases investigated by the authorised officers and not admitted to mental hospital. Table 3 gives information of patients of other nationalities dealt with by the mental health service.

TABLE 1

NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1ST JANUARY, 1958, TO 31ST DECEMBER, 1958,
UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

| | Males | Females | Total | Over 70 years of age | Died prior to further action | Discharged prior to further action | Certified under Section 16 Lunacy Act 1890 | Other Disposals | |
|---|-------|---------|-------|----------------------------|------------------------------------|---|--|------------------------------------|------------------------------------|
| | | | | | | | | Section 1 M.T.A. (Voluntary) | Section 5 M.T.A. (Temporary) |
| LUNACY ACT, 1890 | | | | | | | | | |
| Order of Duly Authorised Officers (3 days—Section 20) .. | 55 | 77 | 132 | 54 | 4 | 19 | 30 | 79 | — |
| Section 11 (Urgency Orders) .. | 1 | — | 1 | — | — | — | — | 1 | — |
| Section 21 (Justices 14 Day Orders) | 16 | 24 | 40 | 18 | 1 | 3 | 12 | 25 | — |
| Section 16 (Certifications) .. | 22 | 38 | 60 | 1 | — | — | — | — | — |
| | 94 | 139 | 233 | 73 | 5 | 22 | 42 | 105 | — |
| MENTAL TREATMENT ACT, 1930 | | | | | | | | | |
| Section 1 (Voluntary) .. | 83 | 104 | 187 | — | — | — | — | 187 | — |
| Section 5 (Temporary) .. | 3 | 7 | 10 | — | — | — | — | — | 10 |
| | 86 | 111 | 197 | — | — | — | — | 187 | 10 |
| TOTAL Lunacy and Mental Treat- ment Acts .. | | | | | | | | | |
| | 180 | 250 | 430 | 73 | 5 | 22 | 42 | 292 | 10 |

reduced to nothing, and for a long time he was out of work, and it was only after a great deal of time spent on overcoming the reluctance on his part, and on the part of the relatives, that he was persuaded to attend the industrial centre for training. Shortly afterwards, following a dispute with his mother, he was turned out of the house, and was returned to hospital as an informal patient.

Mental Deficiency Case No. 2

Another case of a young man detained in a mental deficiency hospital for a number of years, following a charge of stealing, and who had been working on daily licence in a nearby factory. At the time of his discharge from the order this lad had some £200 to his credit. His parents had on many occasions tried to secure his return home because of his savings, but these demands had been resisted by the hospital on account of the poor home circumstances. On discharge both the lad and his parents refused to listen to advice, with the result that the lad and his parents squandered the money, and within a few months not a penny remained. The lad refused to accept employment, and lives precariously by gathering scrap metal with a friend.

Mental Deficiency Case No. 3

The case of a man discharged from order under the Mental Deficiency Acts after spending 17 years in a mental deficiency hospital. Since discharge his working record has been poor, and he has frequently been unemployed and dependent upon help from the National Assistance Board. Some months ago he married a girl who was herself a defective discharged from order, and the circumstances under which they are now living are such that close supervision is essential. To add to their many difficulties the wife recently gave birth to twins, and although she certainly shows affection for her children and cares for them to the best of her ability, the fact that her husband is out of work and fails to keep any employment found for him does not help the situation. All the necessary steps have been taken to assist this couple, but the same pattern of unemployment and financial distress is repeated time after time.

Although, in the main, the relaxation of control over patients by judicial order has worked very smoothly, these examples show that there are a few cases which might profitably remain under some form of

order, particularly where the home circumstances, as in the first two cases, are singularly bad, or in the third case where there is no home background at all.

(ii) *Occupational and Industrial Centres*

The high standard of training was maintained in the occupation centre throughout the year in spite of continued accommodation difficulties. At the end of the year there were 136 pupils on the register of whom 35 were over the age of 16. Useful domestic training was provided on a rota duty for the adult girls in the classrooms, e.g. in dusting, attending to flowers, washing vases, and helping generally with the younger children, also training in personal hygiene, etc. The standard of craftwork, e.g. sewing, embroidery, rug-making, etc., of these girls was very high indeed.

There was also a sports afternoon, organised by the staff, and small prizes were given. This was much appreciated by the children, as was also the Christmas Party, which was attended by the Lady Mayoress.

The Parent-Teachers' Association again provided a very enjoyable coach trip to Hornsea, and for those trainees who were unable to go on the trip an afternoon party was provided at the Centre and a gift given to each child. The civic authorities of Hornsea were most helpful in regard to the trip. The Parent-Teachers' Association again helped to make the Christmas Party a great success by providing Christmas gifts for each of the trainees in the occupation and industrial centres.

Two assistant supervisors attended the London refresher course for teachers of the mentally handicapped, run by the National Association for Mental Health during the holidays in August.

It is gratifying to know that work will be starting on the building of the new occupation and industrial centre in the near future.

The work of the trainees in the industrial centre was again of high standard and varied in spite of the limited accommodation.

During the course of the year various visits of observation were paid to the centres by student health visitors, student nurses, and by others.

(iii) *Ambulance Service*

During the course of the year some 418 patients were removed to mental hospital by ambulance vehicles and transport of the Health Department.

TABLE 4 *Mental Deficiency Acts, 1913-1938*

| | | Under age 16 | | Aged 16 and over | |
|-------|--|-----------------|----|---------------------|----|
| | | M. | F. | M. | F. |
| 1. | <i>Particulars of cases reported during 1958:—</i> | | | | |
| (a) | Cases ascertained to be defectives "subject to be dealt with":— | | | | |
| | Number in which action taken on reports by:— | | | | |
| (1) | Local Education Authorities on children: | | | | |
| (i) | While at school or liable to attend school | 8 | 7 | — | — |
| (ii) | On leaving special schools | — | — | 9 | 7 |
| (iii) | On leaving ordinary schools | — | — | — | — |
| (2) | Police or by Courts | — | 1 | — | 2 |
| (3) | Other sources.. .. . | 5 | 4 | 4 | 2 |
| | TOTAL of 1 (a) | 13 | 12 | 13 | 11 |
| (b) | Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground | 2 | 1 | 2 | 2 |
| (c) | Cases reported who are not regarded as defectives and are thus excluded from (a) or (b) .. | 2 | — | 1 | — |
| (d) | Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b) | 1 | 1 | — | 1 |
| | TOTAL of 1 (a)—(d) inclusive | 18 | 14 | 16 | 14 |
| 2. | <i>Disposal of cases reported during 1958</i> | | | | |
| | (The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above.) | | | | |
| (a) | Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number: | | | | |
| (i) | Placed under Statutory Supervision .. | 11 | 10 | 10 | 7 |
| (ii) | Placed under Guardianship.. .. . | — | — | — | — |
| (iii) | Taken to "Places of Safety" | — | — | — | — |
| (iv) | Admitted to Hospitals | 2 | 2 | 3 | 3 |
| | TOTAL of 2 (a) | 13 | 12 | 13 | 10 |
| (b) | Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number: | | | | |
| (i) | Placed under Voluntary Supervision .. | 2 | 1 | 2 | 2 |
| (ii) | Action unnecessary | — | — | — | — |
| | TOTAL of 2 (b) | 2 | 1 | 2 | 2 |
| (c) | Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged | — | — | — | 1 |
| | TOTAL of 2 (a)—(c) inclusive | 15 | 13 | 15 | 13 |
| 3. | <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1958 and admitted to:</i> | | | | |
| (a) | National Health Service hospitals | 9 | 7 | 9 | 9 |
| (b) | Elsewhere | 1 | — | — | — |
| | TOTAL | 10 | 7 | 9 | 9 |

TABLE 4 *Mental Deficiency Acts, 1913-1938—continued*

| | | | | |
|--|----|----|-----|-----|
| c. <i>Total cases on Authority's Registers at 31/12/58:</i> | | | | |
| (i) Under Statutory Supervision | 55 | 62 | 207 | 169 |
| (ii) Under Guardianship (including patients on licence) | — | — | — | — |
| (iii) In "Places of Safety" | — | — | — | 1 |
| (iv) In Hospitals (including patients on licence) .. | 32 | 26 | 208 | 145 |
| TOTAL of 4 (i)—(iv) inclusive | 87 | 88 | 415 | 314 |
| (v) Under Voluntary Supervision | 2 | 1 | 75 | 53 |
| TOTAL of 4 (i)—(v) inclusive | 89 | 89 | 490 | 367 |
| 5. <i>Number of defectives under Guardianship on 31st December, 1958, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))</i> | | | | |
| | — | — | — | — |
| 6. <i>Classification of defectives in the Community on 31/12/58 (according to need at that date):</i> | | | | |
| (a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority: | | | | |
| (1) In urgent need of hospital care: | | | | |
| (i) "cot and chair" cases | — | — | — | — |
| (ii) ambulant low grade cases | 1 | — | — | — |
| (iii) medium grade cases | — | — | — | 1 |
| (iv) high grade cases | — | — | — | 1 |
| TOTAL urgent cases .. | 1 | — | — | 2 |
| (2) Not in urgent need of hospital care: | | | | |
| (i) "cot and chair" cases | 1 | 1 | — | — |
| (ii) ambulant low grade cases | — | 1 | — | — |
| (iii) medium grade cases | — | — | 1 | 1 |
| (iv) high grade cases | — | — | — | — |
| TOTAL non-urgent cases .. | 1 | 2 | 1 | 1 |
| TOTAL OF URGENT AND NON-URGENT CASES .. | 2 | 2 | 1 | 3 |
| (b) Of the cases included in items 4 (i), (ii) and (v) number considered suitable for: | | | | |
| (i) occupation centre | 48 | 51 | — | — |
| (ii) industrial centre | 1 | — | 60 | 68 |
| (iii) home training | — | — | 2 | — |
| TOTAL of 6 (b) | 49 | 51 | 62 | 68 |
| (c) Of the cases included in 6 (b) number receiving training on 31/12/58: | | | | |
| (i) In occupation centre (including voluntary centres) | 48 | 51 | — | 35 |
| (ii) In industrial centre | 1 | — | 43 | — |
| (iii) From a home teacher in groups | — | — | — | — |
| (iv) From a home teacher at home (not in groups) | — | — | 2 | — |
| TOTAL of 6 (c) | 49 | 51 | 45 | 35 |

Section 8

Prevention of Illness, Care and After-care

HOME NURSING EQUIPMENT
CONVALESCENT HOME TREATMENT
FREE MILK—TUBERCULOUS PERSONS
HOME NURSING
DOMESTIC HELP

Prevention of Illness, Care and After-care

(Section 28, National Health Service Act, 1946)

Tuberculosis—see Section 3

Venereal Disease—see Section 3

Home Nursing Equipment

The number of applications received during the year for the loan of home nursing equipment was much lower than the number received during the previous year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last eight years.

| Year | Number of Applications | Number of articles loaned |
|------|---------------------------|---------------------------------|
| 1951 | 825 | 1,223 |
| 1952 | 994 | 1,417 |
| 1953 | 1,017 | 1,620 |
| 1954 | 1,240 | 1,905 |
| 1955 | 1,385 | 2,178 |
| 1956 | 1,279 | 1,944 |
| 1957 | 1,349 | 2,085 |
| 1958 | 819 | 1,285 |

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

| Source | Number |
|-----------------------|-----------------|
| Doctors | 349 |
| District Nurses | 323 |
| Almoners | 65 |
| Midwives | 39 |
| Health Visitors | 27 |
| Pinderfields Hospital | 9 |
| Ambulance Officer .. | 3 |
| Mental Health Service | 2 |
| Others | 2 |
| | <hr/> 819 <hr/> |

The following table shows the type and number of articles loaned during the year:

| Type of Article | Number |
|-----------------------|--------|
| Air Rings | 262 |
| Bed Cages | 56 |
| Bed Blocks | 1 pair |
| Bed Pans | 274 |
| Bed Rests | 124 |
| Bedsteads | 22 |
| Bed Tables | 3 |
| Commodes | 34 |
| Crutches | 1 pair |
| Feeding Cups | 11 |
| Fracture Boards | 1 set |
| Hot Water Bottles .. | 4 |
| Invalid Chairs | 58 |
| Mattresses | 19 |
| Pole and Chain | 13 |
| Rubber Sheets | 276 |
| Sputum Mugs | 8 |
| Spinal Carriage | 1 |
| Spastic Chair | 1 |
| Urinals | 115 |
| Walking Aid | 3 |

In addition to the above, the following bedding has been loaned during the year; mainly to cases of tuberculosis:

| Type of Bedding | Number |
|--------------------|--------|
| Blankets | 8 |
| Sheets | 8 |
| Pillows | 6 |
| Pillow Cases | 2 |

No charge is made for the loan of home nursing equipment, but applicants are required to sign an undertaking to return the articles in good condition and to pay for any articles which are lost or damaged whilst in their care, except damage due to ordinary wear.

Convalescent Home Treatment

Since July 1948, arrangements for the admission of certain patients to convalescent homes at a reduced cost, or free of charge, have continued from year to year. Each case is assessed in accordance with the Scale of Charges approved by the City Council.

The majority of these cases are admitted to the Semon Convalescents' Home, Ilkley. Persons admitted under this scheme are those who are recovering from illness and require convalescent treatment so that they may be fit to return to work or to again undertake household duties.

Some mothers with children up to five years of age were admitted to the Silver Jubilee Home, Heysham, at reduced cost, or free of charge. A mother may take two children with her to the Home, but she is not allowed to take more than two, except under very special circumstances.

During 1958, 99 persons applied for admission to convalescent homes at a reduced cost, or free of charge. Of these 86 were actually admitted, and the remaining 13 cancelled their application for one reason or another. The total of 86 includes 54 mothers admitted to the Silver Jubilee Home, who took with them an aggregate of 84 children. Of this number, 28 mothers (with 38 children) were admitted free of charge.

Details of persons admitted to convalescent homes during the year are given in the following table:

| Name of Home | No. applications for admission received | No. of admissions |
|--|--|-----------------------|
| Semon Convalescents' Home, Ilkley .. | 31 | 28 |
| Silver Jubilee Home, Heysham .. | 63 | 54 (with 84 children) |
| *Northern Lantern (I.P.F.) Hotel, Lytham St. Anne's | 1 | 1 |
| *Mrs. M. Craddock, 28 Beach Street, Bare, Morecambe | 3 | 3 |
| *Wyvern Private Hotel, Morecambe .. | 1 | — |
| | 99 | 86 |

*These convalescent homes (with the exception of Northern Lantern I.P.F. Hotel) are specially selected homes willing to admit patients suffering from respiratory tuberculosis. These patients are specially recommended by Dr. Stevenson, Senior Chest Physician, and approved by the Medical Officer of Health. The patient recommended to the Wyvern Private Hotel was unable to go on account of ill-health.

The period of treatment in the convalescent homes is usually two weeks.

None of the persons admitted to these homes through the Care and After-care Department could afford to pay the full charge. They were

assisted financially under the provisions of the National Health Service Act and paid part cost or made no contribution at all to the cost depending upon their financial circumstances.

In addition to the above, 248 Bradford persons were recommended by doctors for admission to Semon Home and paid the full charge of £3 10s. per week.

The total number of persons having convalescent home treatment in 1958 was 334 adults and 84 children.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has continued to increase, as shown in the following table:

| Year | Number of persons receiving free milk |
|------------|---|
| 1951 | 8 |
| 1952 | 9 |
| 1953 | 74 |
| 1954 | 121 |
| 1955 | 163 |
| 1956 | 274 |
| 1957 | 307 |
| 1958 | 280 |

Each case is recommended by the doctors at the Chest Clinic, and is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from the Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply must cease at the end of 28 days unless a renewal order has been received from the Department, following a renewal of recommendation by the Chest Clinic.

At 31st December, 1958, 2,188 pints of milk were being supplied weekly to tuberculous persons, and the cost to the Committee was approximated £70 13s. 3d. each week.

Home Nursing

(Section 25, National Health Service Act, 1946)

The District Nursing Service continues to be supplied on an agency basis by the Bradford District Nursing Council.

The staffing position in 1958 has continued to improve, mainly due to an increase in the number of students entering for Queen's District Nurse Training.

5 students in training 1st January, 1958

16 entered during the year

9 still in training 31st December, 1958

All 12 students passed the Queen's Roll examination—one student gaining a "Credit" in practical nursing. Seven of the students joined the staff; 5 returned to their sponsoring authorities (4 West Riding County Council, 1 York County Borough Council). During the period of training (either 4 or 6 months' duration depending on previous experience and qualifications) the student spends two-thirds of her time in actual nursing duties. The students have been a most valuable addition to the Service during the year.

Staff as at 1st January, 1958

- 1 Superintendent
- 1 Senior Nurse
- 13 Queen's Nurses
 - 1 S.R.N. (full-time)
 - 3 S.R.N. (part-time)
 - 3 S.E.A.N. (full-time)
 - 5 Student Queen's Nurses

Staff as at 31st December, 1958

- 1 Superintendent
- 1 Assistant Superintendent (appointed 1st July, 1958)
- 1 Senior Nurse
- 11 Queen's Nurses
 - 3 S.R.N. (full-time)
 - 2 S.R.N. (part-time)
 - 4 S.E.A.N. (full-time)
 - 9 Student Queen's Nurses

There were 8 resignations during the year, 5 due to domestic responsibilities, 2 for other posts, and 1 to take further training.

Analysis of Cases dealt with and Number of Visits made during 1958.

| | | | |
|---------------------------------------|----|------------|-------|
| Old cases (brought forward from 1967) | .. | (a) 2,873 | 539 |
| New cases | .. | .. | .. |
| Total cases | .. | (b) 3,412 | 3412 |
| <i>Classification of Cases:</i> | | | |
| Medical | .. | 2,596 | .. |
| Surgical | .. | 601 | .. |
| Tuberculosis | .. | 115 | .. |
| Gynaecological | .. | 79 | .. |
| Maternal complications | .. | 18 | .. |
| Infectious diseases | .. | 3 | .. |
| Total cases | .. | (b) 3,412 | 3412 |
| <i>Classification of Discharges:</i> | | | |
| Convalescent | .. | 1,369 | .. |
| Died | .. | 424 | .. |
| Transferred to hospital | .. | 579 | .. |
| Relieved | .. | 183 | .. |
| Other causes | .. | 250 | .. |
| Discharges | .. | (c) 2,805 | 2805 |
| Remaining on books | .. | 607 | .. |
| Total visits | .. | (d) 84,933 | 84933 |
| <i>Classification of Visits:</i> | | | |
| Medical | .. | 62,803 | .. |
| Surgical | .. | 15,087 | .. |
| Tuberculosis | .. | 6,247 | .. |
| Gynaecological | .. | 619 | .. |
| Maternal complications | .. | 147 | .. |
| Infectious diseases | .. | 30 | .. |
| Total visits | .. | (d) 84,933 | 84933 |

The total cases attended during the year are divided into age groups as follows:—

The following table shows the number of cases dealt with and the visits made in the period 1948–1958:

| Year | Cases dealt with | No. of visits | Average visits per case |
|----------------------|------------------|---------------|-------------------------|
| 1948 (from 5th July) | 1,391 | 20,206 | 14.5 |
| 1949 | 2,454 | 43,354 | 17.6 |
| 1950 | 2,508 | 46,574 | 18.5 |
| 1951 | 2,617 | 41,440 | 15.8 |
| 1952 | 2,541 | 45,258 | 17.8 |
| 1953 | 2,845 | 42,322 | 14.9 |
| 1954 | 2,961 | 44,877 | 15.1 |
| 1955 | 3,213 | 45,284 | 14.1 |
| 1956 | 3,073 | 50,716 | 16.5 |
| 1957 | 3,268 | 69,936 | 21.4 |
| 1958 | 3,412 | 84,933 | 24.9 |

The table shows an increase of 144 patients nursed, and 14,997 visits paid. The number of patients suffering with long term illnesses is increasing. These patients need the district nurses' service over a long period—in 1955 there were 474 patients of this type who received 29,949 visits; by 1958 the same type of patient had increased to 763, needing 57,459 visits.

In March 1958 a scheme for the loan of draw sheets to incontinent patients was started, and a laundry service for these sheets followed in September 1958. These services are much appreciated by the patients and their families, also by the nursing staff—insufficiency of bed linen for the incontinent patient has, in the past, been one of the trials of the District Nursing Service. Up to 31st December, 1958, 33 patients received the draw sheet service without laundry facilities and 16 with laundry service; and 11 patients are still receiving these services.

The liaison between the general practitioners and hospital service continues to be satisfactory.

Transport arrangements for the staff are good. In addition to the 7 cars provided by the Council, 5 members of the staff use their own and receive an allowance. The remainder walk or use public transport.

Domestic Help

(Section 29, National Health Service Act, 1946)

A limited service of domestic help for maternity cases was available in the city from 1929 until the National Health Service Act in 1948. This service was provided by a voluntary organisation—the Maternity Care Committee.

The present service has continued to expand from year to year, and now consists of a Domestic Helps Organiser, an Assessment Officer, and clerical staff working under the direction of the Senior Medical Officer for Care and After-care Services.

The number of domestic helps employed at the end of 1958 was as follows:

| | |
|--------------------------|-------|
| Full-time helps employed | 67 |
| Part-time helps employed | 191 |
| | <hr/> |
| | 258 |
| | <hr/> |

(Equivalent to 164 full-time helps working 40 hours a week.)

The growth of the Service since 1948 is shown in the following table:

| Year | No. of Helps Employed | | Equivalent number of full-time helps | Number of Cases Helped |
|-------------|-----------------------|-----------|--------------------------------------|------------------------|
| | Full-time | Part-time | | |
| 1948 (July) | 6 | 12 | | — |
| 1948 (Dec.) | 15 | 20 | | — |
| 1949 | 25 | 24 | | 714 |
| 1950 | 30 | 39 | (47, working a 48 hour week) | 1,072 |
| 1951 | 45 | 54 | (67, working a 48 hour week) | 891 |
| 1952 | 45 | 69 | (70, working a 44 hour week) | 1,118 |
| 1953 | 53 | 66 | (73, working a 44 hour week) | 1,271 |
| 1954 | 62 | 73 | (88, working a 44 hour week) | 1,328 |
| 1955 | 73 | 81 | (97, working a 44 hour week) | 1,213 |
| 1956 | 84 | 135 | (125, working a 40 hour week) | 1,353 |
| 1957 | 74 | 170 | (138, working a 40 hour week) | 1,268 |
| 1958 | 67 | 191 | (164, working a 40 hour week) | 1,389 |

New applications for assistance during 1958 were 1,789, compared with 1,629 in 1957.

Cases requiring the services of a domestic help are referred approximately as follows:

| | % |
|--------------------------------|-------|
| By Medical Practitioners | 50 |
| By Almoners | 24 |
| By N.A.B. and Welfare Dept. .. | 13 |
| By Ante-natal clinic | 10 |
| By Health Visitors | 3 |
| | <hr/> |
| | 100 |
| | <hr/> |

The average number of hours worked at each case was 129, compared with 126 in 1957 and 132 in 1956.

The average number of hours worked each week by the total number of helps on duty was 5,872.

The following tables show further analyses of the applications; the number of cases where help was given, and the number of cases attended in respect of which no charge was made. Where a charge is made, it is decided by the Assessment Officer of the Service in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council. The amount collected from chargeable cases (714) in 1958 was £8,383; the average charge per case being £11 14s. 10d.

New applications were received in respect of:

| | 1954 | 1955 | 1956 | 1957 | 1958 |
|--|-------|-------|-------|-------|-------|
| General and chronic sickness cases | 496 | 309 | 317 | 257 | 295 |
| Old people | 700 | 618 | 803 | 835 | 980 |
| Tuberculosis cases | 27 | 26 | 22 | 15 | 12 |
| Blind persons | 24 | 22 | 19 | 10 | 13 |
| Maternity cases | 557 | 604 | 591 | 512 | 489 |
| Totals .. | 1,804 | 1,579 | 1,752 | 1,629 | 1,789 |

Number of new cases where help was given:

| | 1954 | 1955 | 1956 | 1957 | 1958 |
|--|-------|-------|-------|-------|-------|
| General and chronic sickness cases | 378 | 251 | 241 | 188 | 221 |
| Old people | 466 | 495 | 658 | 667 | 774 |
| Tuberculosis cases | 19 | 20 | 17 | 14 | 11 |
| Blind persons | 28 | 10 | 17 | 8 | 12 |
| Maternity cases | 437 | 437 | 420 | 391 | 371 |
| Totals .. | 1,328 | 1,213 | 1,353 | 1,268 | 1,389 |

| | | | | |
|--|-----|-----|-----|-----|
| Cases carried forward from previous year | 359 | 519 | 839 | 861 |
|--|-----|-----|-----|-----|

| | | | | |
|--------------------------------------|-------|-------|-------|-------|
| Total cases dealt with in year | 1,572 | 1,872 | 2,107 | 2,250 |
|--------------------------------------|-------|-------|-------|-------|

Number of cases attended in respect of which no charge was made:

| | 1954 | 1955 | 1956 | 1957 | 1958 |
|--|------|------|------|------|------|
| General and chronic sickness cases | 66 | 63 | 62 | 72 | 105 |
| Old people | 353 | 408 | 510 | 520 | 545 |
| Tuberculosis cases | 10 | 13 | 15 | 12 | 9 |
| Blind persons | 18 | 6 | 17 | 8 | 12 |
| Maternity cases | — | 3 | — | 1 | 4 |
| Totals .. | 447 | 493 | 604 | 613 | 675 |

The following is a summary of these analyses for 1958:

| | General and Chronic Sickness | Old People | Tuberculosis Cases | Blind Persons | Maternity Cases | Total |
|--|---------------------------------|------------|--------------------|---------------|-----------------|-------|
| Number of new applications for help | 295 | 980 | 12 | 13 | 489 | 1,789 |
| Number of Cancellations .. | 74 | 206 | 1 | 1 | 118 | 400 |
| Number of cases where help was given | 221 | 774 | 11 | 12 | 371 | 1,389 |
| Number of free cases attended | 105 | 545 | 9 | 12 | 4 | 675 |
| Number of chargeable cases attended | 116 | 229 | 2 | — | 367 | 714 |

The total number of cases carried forward to 1958 from 1957 was 861.

Section 9

Ambulance Service

Ambulance Service

(Section 27, *National Health Service Act*, 1946)

J. CLARK, *Ambulance Officer*

The total figures for the year under review shown in detail below are 137,529 persons moved by Ambulance or Sitting Case car, and the mileage involved amounts to 404,218.

The patient figure is an increase over last year of some 312, but the mileage figure is decreased by 5,331.

The increase in the patient figures is almost entirely due to the number of mentally handicapped children carried. With regard to the reduction in mileage, this is largely due to the re-organisation of mentally handicapped children journeys to and from the Ebenezer School and the improved co-ordination of other journeys.

This is the first time there has been a decrease in mileage since the inception of the Service.

A summary of the work done by the Service during 1958, compared with the figures for the previous years, is shown in the following table:—

TABLE 1

| Year | Cases | % increase on previous year | Mileage | Average miles per case |
|------|---------|-----------------------------------|---------|------------------------------|
| 1948 | 24,059 | — | 157,451 | 6.54 |
| 1949 | 47,012 | 95 | 250,969 | 5.34 |
| 1950 | 69,691 | 48 | 284,758 | 4.08 |
| 1951 | 85,237 | 22 | 300,618 | 3.58 |
| 1952 | 93,128 | 9 | 309,779 | 3.35 |
| 1953 | 107,660 | 15 | 347,960 | 3.23 |
| 1954 | 110,774 | 3 | 364,874 | 3.29 |
| 1955 | 120,984 | 9 | 397,628 | 3.28 |
| 1956 | 133,759 | 10 | 403,441 | 3.02 |
| 1957 | 137,217 | 2.5 | 409,549 | 2.98 |
| 1958 | 137,529 | 0.22 | 404,218 | 2.94 |

The following table gives details of patients carried and journeys and mileage covered by each type of vehicle:—

TABLE 2

| <i>Patients</i> | Type of vehicle | | | Total |
|---|-----------------|-------------------|----------------------|---------|
| | Ambulances | Sitting Case Cars | Sitting Case Coaches | |
| (a) Accident | 3,688 | 59 | 90 | 3,837 |
| (b) Others | 71,628 | 3,024 | 11,542 | 86,194 |
| (c) Mentally Handicapped Children | 9,674 | 15 | 37,809 | 47,498 |
| | 84,990 | 3,098 | 49,441 | 137,529 |
| <i>Journeys</i> | | | | |
| (a) Patient and M.H. children | 14,153 | 1,114 | 3,527 | 18,794 |
| (b) Abortive and Service | 434 | 176 | 50 | 660 |
| (c) Analgesia, etc. | 558 | 631 | 208 | 1,397 |
| | 15,145 | 1,921 | 3,785 | 20,851 |
| Mileage | 297,029 | 40,243 | 66,946 | 404,218 |

The following table gives the approximate percentage (of total cases of cases in certain categories:—

TABLE 3

| Category | % |
|---|----|
| (a) Accident and Emergency | 3 |
| (b) Mentally Handicapped Children | 34 |
| (c) Out-patients | 47 |
| (d) Admissions, Discharges, Transfers, etc. | 16 |

From Table 1 it will be seen that there has been an increase of only 0.22 per cent in the number of cases over the previous year and that the average miles per patient is reduced to a new low level.

Personnel

The strength of the Ambulance Service at the end of 1958 was as follows:—

| Staff | Vehicles |
|--|------------------------|
| Ambulance Officer | 8 large ambulances |
| 1 Clerk | 8 small ambulances |
| 1 Controller | 8 sitting-case coaches |
| 4 Shift Foremen | 3 sitting-case cars |
| 52 Driver/Attendants | |
| 3 Fitter-Mechanics | |
| 7 part-time female escorts for M.H. children | |

Operational

In order to have as many operational staff on duty during peak periods, i.e. 8.0 a.m.—5.0 p.m., a new shift rota was introduced in August last, and this consists of three main shifts, viz:—

6.0 a.m.—2.0 p.m. 2.0 p.m.—10.0 p.m. 10.0 p.m.—6.0 a.m.

which are reinforced during the day by two shifts, viz:—

8.15 a.m.—4.15 p.m. and 9.0 a.m.—5.0 p.m.

plus a permanent day shift of: 8.15 a.m.—5.15 p.m. working a five-day week.

The loading of these shifts gives a staff availability in the following proportions:—

| | | |
|-------------------------|----|-------|
| 6.00 a.m.— 8.15 a.m. | .. | 8 men |
| 8.15 a.m.— 9.00 a.m. .. | .. | 22 „ |
| 9.00 a.m.— 4.15 p.m. | .. | 31 „ |
| 4.15 p.m.— 5.00 p.m. | .. | 23 „ |
| 5.00 p.m.—10.00 p.m. | .. | 8 „ |
| 10.00 p.m.— 6.00 a.m. | .. | 7 „ |

Five new vehicles have been delivered to the Ambulance Station this year and in order to preserve their good appearance and to prolong their life they have been allocated to individual drivers on permanent day shift duty, with the result that there has been a general improvement in vehicle cleanliness, care and attention.

The Ambulance Station is still located at Sugden Street, in premises rented from the Cleansing Department. These premises have been inadequate for the needs of the Ambulance Service, and with the increase in both vehicles and staff, the need for a new Ambulance Station is becoming even more urgent.

Numerous sites were inspected during the year as to their suitability for a new Ambulance Station, and eventually a site at Ingleby Road was agreed upon by the Committee, although the acquisition of this site may prove difficult.

**Inspection and Supervision
of Food and Food Premises**

FOOD PREMISES

MILK SUPPLY

ICE CREAM

FOOD AND DRUGS

PHARMACY AND POISONS

FERTILISERS AND FEEDING STUFFS

MEAT INSPECTION

Inspection and Supervision of Food and Food Premises

F. H. MYERS, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops' Act, 1950, and at the same time enforce the provisions of the Food Hygiene Regulations, 1955, and the Food Handling Byelaws, thus saving duplication of visiting.

This work is covered by two Divisional Inspectors (one for food and drugs sampling and food hygiene, and one for meat inspection) and their associated inspectors, and both divisions have played an important part in the student training scheme operated by the City Council.

Food Premises

After the coming into operation of the Food Hygiene Regulations, 1955, routine inspection was in the earlier years directed more to the initial inspection of premises and revisits were left until later. During the year under review it has been possible to strike a happier balance and the re-inspection of premises has shown that much improvement has been effected. Details of works carried out will be found in the Appendix.

The results have confirmed that it is a good policy to send a formal warning letter to give the trader the opportunity of carrying out the necessary work, and to resort to legal proceedings when compliance appears unlikely or to be unduly delayed. It was decided to institute proceedings in three cases, and it was clear that the court takes a serious view of contraventions of the Regulations. The following are summaries of these cases:—

Proceedings were instituted against father and son trading together as bakers and confectioners, eleven summonses being served on each defendant in respect of alleged contraventions of the Food Hygiene Regulations, 1955. Both entered pleas of "not guilty" and the cases were tried in the Magistrates' Court. Convictions were recorded in respect of all summonses, and fines totalling £220 were imposed and the

defendants ordered to pay £25 4s. costs. Notice was received that the defendants proposed to appeal to Quarter Sessions, but the appeal was abandoned before the Sessions were held. Details of the summonses are shown below.

Regulation 6

- (a) Failure to keep clean two wooden trays.
- (b) Failure to keep clean a refrigerator.
- (c) Unsatisfactory construction of a wooden pastry table.
- (d) Unsatisfactory construction of a wooden confectionery table.
- (e) Unsatisfactory construction of a wooden preparation table.
- (f) Failure to keep clean a pastry moulding machine.

Regulation 8

- (a) The placing of biscuit type baking cups in a position involving risk of contamination.
- (b) The placing of cream confectionery in a position involving risk of contamination.

Regulation 16 (3)

Failure to provide a nailbrush.

Regulation 19 (1) (a)

Unsuitability of the sink provided for the washing of food and equipment.

Regulation 23

Failure to keep the floor of the baking room clean.

Proceedings were instituted against a baker and confectioner, four summonses being issued in respect of alleged contraventions of the Food Hygiene Regulations, 1955. A plea of "guilty" was entered and the defendant was fined a total of £16 and ordered to pay £4 4s. costs. Details of the summonses are shown below.

Regulation 16

Failure to provide a wash hand basin.

Regulation 18

Failure to provide cupboard or locker accommodation for clothing

Regulation 19

Failure to keep a sink clean and in efficient working order.

Regulation 23

The defective condition of wall plaster in the baking room.

Proceedings were instituted against a baker and confectioner, sixteen summonses being issued in respect of alleged contraventions of the Food Hygiene Regulations, 1955. A plea of "guilty" was entered to eleven summonses and "not guilty" to five summonses. The latter were withdrawn and the defendant was ordered to pay a total of £55 fines and £5 5s. costs. Details of the summonses are shown below.

Regulation 6

- (a) Failure to keep clean a pastry blocking machine.
- (b) Failure to keep clean a pastry roller.
- (c) Failure to keep clean wooden confectionery trays.
- (d) Unsuitable construction of confectionery table.
- (e) Failure to keep clean bun papers.

Regulation 8

- (a) The placing of cream and other confectionery in a position involving the risk of contamination.
- (b) The failure to protect lard from the risk of contamination.

Regulation 14

The failure to fix "wash hands" notices in sanitary conveniences.

Regulation 16

- (a) Failure to provide a hot water supply at a wash hand basin.
- (b) Failure to provide adequate supplies of nailbrushes and clean towels.
- (c) Failure to keep clean a wash hand basin.

Regulation 19

Failure to keep a sink clean and in efficient working order.

Regulation 23

- (a) The failure to keep in good repair the floor and ceiling of the shop.
- (b) The failure to keep clean the floor, walls, ceiling and woodwork of one baking room.
- (c) The failure to keep clean the floor, walls, ceiling and woodwork of a second baking room.
- (d) The failure to keep clean the floor, walls, ceiling and woodwork of a food storage room and the floor in good repair.

During the year a total of 3,268 detailed inspections were made and 1,747 contraventions noted. As a result of these, 310 warning letters were sent and 418 verbal cautions issued. On revisits to premises it was found that 2,353 contraventions had been remedied.

Milk Supply

The total amount of milk consumed daily in the city was about 23,000 gallons, which it is estimated comprised approximately 90 per cent processed milk and 10 per cent raw tuberculin tested milk.

Although some farms have ceased production and some have disappeared as a result of housing development, there are still approximately 150 producing milk within the city boundary. In addition, a large quantity of milk is coming into the city from the surrounding country areas to the processing dairies. As much of this supply is brought in churns from individual farms the sampling work required is considerable.

Regular testing of these supplies has been carried out during the year for chemical analysis, bacteriological and biological examination.

No outbreaks of milk-borne disease occurred during the year.

Arising from the routine inspection of milk and milk vehicles carried out during retail sampling, it was found that a number of bottles of a farmer's milk contained a sediment in the bottom and also that a number of the bottles bore no special designation. The farm was operated by two brothers who had recently taken over the farm from their father and new bottle caps had not been printed. They, however, corrected the matter of designation immediately and legal proceedings were not instituted. As the milk was not considered suitable for sale

to the public, fifty bottles were seized under the provisions of the Food and Drugs Act, 1955, and condemned by the local magistrates. In subsequent legal proceedings, the brothers pleaded "not guilty", but the magistrates imposed fines totalling £10 and costs totalling £6 6s., and ordered the disposal of the milk for animal feeding. The Ministry of Agriculture, Fisheries and Food was, of course, notified, and the matter left in their hands for the future.

Milk and Dairies Regulations, 1949-1954

There were, at the end of the year, 1,285 persons registered for the sale of milk within the city. These may be classified as follows:—

| | |
|--|-------|
| Dairymen | 191 |
| Shops where milk sold in sealed bottles only | 1,094 |

In addition to the above there were 81 dairy farmers engaged in the retail sale of milk within the city.

Milk Special Designations

Licences authorising the use of special designations in relation to milk were issued as follows:—

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-1954

| | |
|--|-----|
| Dealer's Licence authorising the use of the special designation "Tuberculin Tested" | 191 |
| Supplementary Licence authorising the use of the special designation "Tuberculin Tested" | 36 |

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953

| | |
|---|-------|
| Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised" | 3 |
| Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised" | 2 |
| Dealer's Licence authorising the use of the special designation "Pasteurised" | 199 |
| Dealer's Licence authorising the use of the special designation "Sterilised" | 1,325 |
| Supplementary Licence authorising the use of the special designation "Pasteurised" | 34 |
| Supplementary Licence authorising the use of the special designation "Sterilised" | 16 |

Milk Processing

There were, during the year, four dairies engaged in the heat treatment of milk; two by pasteurisation, one by sterilisation, and one carrying out both processes. It is estimated that a total of 25,000 gallons of milk was treated in the city daily.

Infection in Milk

Principal attention during the year was given to the extent of the incidence of *Brucella abortus* infection in milk. Routine samples were obtained first from the bulked milk of the herds and these were screened by the *Brucella abortus* Ring Test. When results were positive, samples were obtained from each cow in the herd and those giving positive results were further examined by culture and/or biological examination. The routine sampling placed the milk of 45 farms (34 in Bradford and 11 outside producers) under suspicion, and in 22 of the 34 Bradford farms positive results were obtained on culture and/or biological examination.

To ensure that the milk supplied to the public was safe, arrangements were made that the milk from cows giving positive results should be heat-treated before sale. In seven cases notices were served under the provisions of Regulation 20 of the Milk and Dairies Regulations, 1949, to enforce these requirements.

A total of 407 herd samples were examined and 63 of these gave a positive result to the Ring Test. Eight hundred and ninety individual cow samples were examined and 231 gave a positive result to the Ring Test; 34 cows were reported positive on culture and/or biological examination.

Examination of milk for infection with the tubercle bacillus was carried out to a more limited extent, and it is pleasing to record that none was found infectious.

Chemical Examination of Milk

One thousand three hundred samples were analysed. The results show that 27 of the samples gave an analysis under 3.0 per cent of fat while 13 of these samples gave an analysis under 8.5 per cent of non-fatty solids. The total below both 3.0 per cent of fat and 8.5 per cent of non-fatty solids was 4. In most cases the adulterations were small and warnings were issued.

Table 1 gives comparative figures for the milks examined during the period 1936 to the present year.

CHEMICAL ANALYSIS OF MILK

FAT

SOLIDS NOT FAT

| YEAR | Under 3.0% | | | 3.0% to 3.5% | | | Over 3.5% | | | Under 8.5% | | | 8.5% and over | | | Total |
|------|------------|----------|------|--------------|----------|-----|-----------|----------|------|------------|----------|------|---------------|----------|------|-------|
| | No. | Per cent | | No. | Per cent | | No. | Per cent | | No. | Per cent | | No. | Per cent | | |
| | | | | | | | | | | | | | | | | |
| 1958 | .. | 27 | 2.0 | 274 | 21.0 | 990 | 77.0 | 13 | 1.0 | 1287 | 99.0 | 1300 | 1287 | 99.0 | 1300 | |
| 1957 | .. | 71 | 6.02 | 338 | 28.62 | 772 | 65.36 | 28 | 2.38 | 1153 | 97.62 | 1181 | 1153 | 97.62 | 1181 | |
| 1956 | .. | 94 | 6.7 | 453 | 32.2 | 857 | 61.1 | 80 | 5.7 | 1325 | 94.3 | 1405 | 1325 | 94.3 | 1405 | |
| 1955 | .. | 28 | 2.6 | 312 | 28.8 | 743 | 68.6 | 173 | 16.0 | 910 | 84.0 | 1083 | 910 | 84.0 | 1083 | |
| 1954 | .. | 23 | 2.4 | 189 | 19.5 | 759 | 78.1 | 168 | 17.3 | 803 | 82.7 | 971 | 803 | 82.7 | 971 | |
| 1953 | .. | 33 | 4.2 | 190 | 24.0 | 567 | 71.8 | 196 | 24.8 | 594 | 75.2 | 790 | 594 | 75.2 | 790 | |
| 1952 | .. | 21 | 2.5 | 168 | 19.5 | 668 | 78.0 | 196 | 22.9 | 661 | 77.1 | 857 | 661 | 77.1 | 857 | |
| 1951 | .. | 14 | 1.9 | 198 | 27.2 | 515 | 70.9 | 151 | 20.8 | 576 | 79.2 | 727 | 576 | 79.2 | 727 | |
| 1950 | .. | 10 | 1.3 | 188 | 25.6 | 539 | 73.1 | 95 | 12.9 | 642 | 87.1 | 737 | 642 | 87.1 | 737 | |
| 1949 | .. | 8 | 1.7 | 190 | 40.5 | 271 | 57.8 | 58 | 12.4 | 411 | 87.6 | 469 | 411 | 87.6 | 469 | |
| 1948 | .. | 8 | 1.4 | 235 | 41.7 | 320 | 56.9 | 131 | 23.3 | 432 | 76.7 | 563 | 432 | 76.7 | 563 | |
| 1947 | .. | 6 | 1.0 | 248 | 41.1 | 349 | 57.9 | 157 | 26.0 | 446 | 74.0 | 603 | 446 | 74.0 | 603 | |
| 1946 | .. | 11 | 1.9 | 221 | 38.8 | 337 | 59.3 | 111 | 19.5 | 458 | 80.5 | 569 | 458 | 80.5 | 569 | |
| 1945 | .. | 24 | 3.4 | 346 | 48.3 | 347 | 48.3 | 119 | 16.6 | 598 | 83.4 | 717 | 598 | 83.4 | 717 | |
| 1944 | .. | 23 | 3.0 | 247 | 32.1 | 489 | 64.9 | 54 | 7.0 | 705 | 93.0 | 759 | 705 | 93.0 | 759 | |
| 1943 | .. | 21 | 3.2 | 220 | 33.0 | 417 | 63.8 | 88 | 13.2 | 570 | 86.8 | 658 | 570 | 86.8 | 658 | |
| 1942 | .. | 18 | 2.7 | 181 | 27.2 | 460 | 70.1 | 92 | 13.8 | 567 | 86.2 | 659 | 567 | 86.2 | 659 | |
| 1941 | .. | 10 | 1.5 | 171 | 25.6 | 486 | 72.9 | 59 | 8.9 | 608 | 91.1 | 667 | 608 | 91.1 | 667 | |
| 1940 | .. | 13 | 1.9 | 213 | 31.9 | 452 | 66.2 | 27 | 4.0 | 651 | 96.0 | 678 | 651 | 96.0 | 678 | |
| 1939 | .. | 15 | 2.1 | 237 | 33.2 | 476 | 64.7 | 7 | 0.9 | 721 | 99.1 | 728 | 721 | 99.1 | 728 | |
| 1938 | .. | 27 | 4.2 | 268 | 41.4 | 352 | 54.4 | 21 | 3.3 | 626 | 96.7 | 647 | 626 | 96.7 | 647 | |
| 1937 | .. | 29 | 3.4 | 343 | 39.8 | 489 | 56.8 | 10 | 1.2 | 851 | 98.8 | 861 | 851 | 98.8 | 861 | |
| 1936 | .. | 15 | 2.8 | 213 | 39.6 | 310 | 57.6 | 1 | 0.2 | 537 | 99.8 | 538 | 537 | 99.8 | 538 | |

Examination of Raw Milk

Samples of raw milk were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

| Samples Taken | Methylene Blue Reductase Test | |
|------------------|----------------------------------|------|
| | Pass | Fail |
| 347 | 325 | 22 |

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory, as shown in the following table:—

| Class of Milk | Number of Samples | Phosphatase Test | | Methylene Blue Reductase Test | | Turbidity Test | |
|-------------------|-------------------------|---------------------|------|----------------------------------|------|-------------------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| Tuberculin Tested | | | | | | | |
| Pasteurised | 197 | 197 | — | 196* | 1 | — | — |
| Pasteurised | 381 | 380 | 1 | 374† | — | — | — |
| Sterilised | 96 | — | — | — | — | 93 | — |

* 1 test reported void.

† 7 tests reported void.

Two notices were served in accordance with the provisions of Section 44 of the Food and Drugs Act, 1955, regarding the samples which failed.

Ice Cream

Much attention has been paid to the conditions under which ice cream is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made to ensure that ice cream premises and plant complied with the requirements of the Ice Cream (Heat Treatment) Regulations, 1947–1952, and Food Hygiene Regulations, 1955.

Steps were taken to prevent the contamination of the ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

One hundred and three samples were submitted for examination during the year and they were graded as follows:—

| Provisional Grade | No. of Samples |
|-------------------|-----------------|
| Grade I | 76 |
| Grade II | 20 |
| Grade III | 4 |
| Grade IV | 3 |
| | <hr/> 103 <hr/> |

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1953, the minimum standards for ice cream are 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat.

Seventy-four samples were submitted to the Public Analyst and the average figures reported from analysis of these samples were:—

| | |
|----------------------------|----------------|
| Fat | 9.74 per cent |
| Sugar | 13.96 per cent |
| Milk solids other than fat | 10.69 per cent |

The following table shows the percentage of the ingredients found on analysis:—

| FAT | | | | | |
|------------|---------|---------|----------|-----------|---------------|
| Percentage | | | | | |
| Under 5.0 | 5.0–6.9 | 7.0–8.9 | 9.0–10.9 | 11.0–12.9 | 13.0 and over |
| — | 6 | 23 | 23 | 19 | 3 |

| MILK SOLIDS OTHER THAN FAT | | | | | |
|----------------------------|---------|---------|----------|-----------|---------------|
| Percentage | | | | | |
| Under 7.5 | 7.5–8.4 | 8.5–9.4 | 9.5–10.4 | 10.5–11.4 | 11.5 and over |
| — | 8 | 13 | 12 | 22 | 19 |

| SUGAR | | | | |
|------------|-----------|-----------|-----------|---------------|
| Percentage | | | | |
| Under 10.0 | 10.0–11.9 | 12.0–13.9 | 14.0–15.9 | 16.0 and over |
| 2 | 12 | 21 | 23 | 16 |

Food and Drugs

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officer for analysis was 1,670; of these 1,622 were certified as genuine and 48 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors were cautioned.

A table showing the number of samples procured and examined during 1958 will be found in the Appendix.

Bacteriological Examination

Seventy-six samples of food and 25 swabs were submitted to the Public Health Laboratory for examination for pathogenic organisms. These were obtained during investigations into suspected cases of food poisoning and in the routine check of foods considered liable to convey such infections.

The results included the following:—

- (a) *Salmonella typhimurium* was isolated from 17 samples of frozen whole egg.
- (b) *Salmonella pullorum* was isolated from 33 samples of frozen whole egg.

Food Inspection

Offences in relation to the sale of food in an unsatisfactory condition or containing extraneous matter were again numerous, and complaints were investigated relating to food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in court to assist in taking legal proceedings, and, of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint, and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the public health department of the area concerned. Strong warning letters were sent to the manufacturers in some cases, but in seven cases legal proceedings were instituted, particulars of which are as follows:—

- (1) The sale of a loaf affected with mould—the company selling this was fined £2 and ordered to pay £2 2s. costs.
- (2) The sale of a loaf containing part of a pencil—the company who manufactured and sold this were fined £10 and ordered to pay £3 3s. costs.

- (3) The sale of a meat and potato pie affected with mould—the company selling this were fined £5 and ordered to pay £1 costs.
- (4) The sale of a loaf affected with mould—the retailer was fined £5 and ordered to pay £2 2s. costs.
- (5) The sale of a teacake containing a nail—discretion was exercised in favour of the retailer and the manufacturing company were fined £10 and ordered to pay £3 3s. costs.
- (6) The sale of a pastry affected with mould—the company selling this were fined £5 and ordered to pay £2 2s. costs. The shop manager was fined £3 for aiding and abetting.
- (7) The sale of a cream square affected with mould—the retailer was fined £5.

Supplies of fish, poultry, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale warehouses and retail shops. Most of the fish, poultry, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods was 384.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Merchandise Marks Act, 1926

Routine checks have been made to ensure compliance with the requirements of the various Marking Orders made under this Act. Where contraventions were noted cautions were issued and it has not been found necessary to institute legal proceedings.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitro-benzene, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 588. The following table sets out the number of persons entered according to the respective trades. A special visit was made on receipt of a new application. Routine checks are now being made during inspections under the Food and Drugs and Shops' Acts.

| Number | Horti- culture | Hardware Dealers | Herba- lists | Hair- dressers | Grocers and General |
|--------|-------------------|---------------------|-----------------|-------------------|------------------------|
| 588 | 6 | 62 | 4 | 10 | 506 |

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

The work carried out in the slaughterhouse during the year has been confined to maintenance as it was known that new Regulations were to be introduced in the new year. The pig slaughter hall has been equipped with two de-hairing machines, which were, at the time of installation, subjected to much ill-informed criticism. In practice these machines have worked perfectly and the only difficulties encountered were with the staff of slaughtermen operating the machines.

One hundred per cent meat inspection has been carried out during the year and a total of 1,342 hours overtime had to be worked by three inspectors in order that all meat could be inspected.

The steady decline in the incidence of cysticercus bovis during recent years has been continued. This year only 32 cases were discovered and in each case localised lesions only were found. Of the total of 32 cases only nine were found to have viable cysts, the remainder were either completely calcified or had reached the coagulative necrosis stage. All the lesions were confined to the masseter muscles and the myocardium. The affected organs were condemned and the carcase meat and unaffected organs were detained under supervision in the Corporation cold store at a temperature of less than 21 deg.F. for three weeks. No cases of cysticercus cellulosae or cysticercus ovis were found during the year.

The full effect of the concentrated effort to eliminate tuberculosis in cattle is now being felt in the abattoir. The year showed a startling drop

in the incidence of tuberculosis, particularly advanced and generalised. Only 26 cattle were totally condemned during the year, compared with 155 in 1951. The percentage of cattle affected with the disease has dropped over two per cent in the last twelve months. There was an increase in the number of cattle reacting to the Tuberculin Test, which were sent in to the abattoir for slaughter by the Ministry of Agriculture, Fisheries and Food. A total of 469 such cattle was slaughtered and examined. A detailed post mortem report on each animal was sent to the Ministry. Of the above cattle six were found to be affected with advanced tuberculosis and were condemned. Four hundred and eleven were found to be affected with localised tuberculosis, the lesions being found principally in the lymphatic glands of the lungs and the head. These carcasses were passed as fit for food.

Ninety-three pigs which had been in contact with confirmed cases of swine fever were killed under the Swine Fever Order. None of these contacts was found to be affected with the disease.

The abattoir laboratory has been in use throughout the year and has been of great value in the diagnosis and confirmation of disease and parasitic lesions.

Work was again carried out on the incidence of Salmonellosis in pigs and a large number of specimens was collected for examination at the Medical Research Council Laboratory, Edmund Street, Bradford.

There are eight licensed private slaughterhouses in Bradford, one of which is not in use. The number of animals killed in them is small, but towards the end of the year the number of pigs killed increased slightly. This was due to the labour difficulties at St. James's Abattoir, and some meat wholesalers arranged for pigs to be killed in the private slaughterhouses so as to ensure an adequate flow of pig meat into the wholesale meat market. As these initial difficulties were overcome in the public abattoir, the rise in numbers slaughtered in private slaughterhouses decreased. The largest throughput in a private slaughterhouse is that of the Bradford Co-operative Society, who in addition to killing for their own requirements, also slaughter on Sundays for the Fat Stock Marketing Corporation, Leeds. The carcasses are moved by road early Monday morning and are exposed for sale in the Leeds wholesale meat market.

A total of 11,652 animals was killed in private slaughterhouses during 1958. All the slaughterhouses were visited regularly throughout the year. Six hundred and eighty visits were made and 100 per cent meat inspection took place.

Monthly visits of inspection have been made to tripe boilers, gut scrapers, and hide and skin dealers within the city, and all notices of works required to be done have been complied with. In addition, the four sub-standard premises have been closed down during the year.

There were 130 licences issued to slaughtermen during the year. Eleven new licences were granted after the applicant had submitted himself to a test of his capabilities.

Environmental Hygiene

TIPPLER CONVERSION SCHEME

DISTRICT INSPECTION

COMMON LODGING HOUSES

HYGIENE in
 FACTORIES
 WORKPLACES

OUTWORKERS

RAG FLOCK AND OTHER FILLING MATERIALS
 ACT, 1951

SHOPS' ACT, 1950

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

BRADFORD CORPORATION ACT, 1949

RODENT CONTROL

SMOKE ABATEMENT

MEASUREMENT OF ATMOSPHERIC POLLUTION

HOUSING

RENT ACT, 1957

DISINFECTION AND DISINFESTATION

Environmental Hygiene

F. H. MYERS, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector*

Tippler Conversion Scheme

The tippler conversion scheme, which has been carried out under the provisions of Section 47 of the Public Health Act, 1936, was inaugurated with a view to converting the obsolete and insanitary waste water-closets (tipplers) in the city to water closets.

This scheme was commenced in 1953 and, although it was originally anticipated that it would be concluded towards the end of 1957, the scheme has taken a year longer to complete.

The conversions have been carried out by the Corporation through private contractors working under the supervision of the District Public Health Inspectors. At the conclusion of the scheme 2,585 tipplers had been converted to water-closets by the Corporation and 311 tipplers had been abolished and water-closets provided by the owners at their own expense, 183 of these being fixed inside the premises.

The operation of the scheme has worked smoothly and without encountering any major difficulties. The only trouble during the early stages of the scheme was the failure of plastic water-closet pedestal seats; this was quickly remedied by changing to the use of compressed fibre seats which has proved satisfactory.

During the later stages of the scheme the amendment to the byelaws made under Section 17 of the Water Act, 1945, dealing with the protection of water pipes and fittings against frost, came into operation and was put into force immediately. This step should minimise the damage to water fittings and the inconvenience caused by the ravages of frost.

District Inspection

The district public health inspectors work under the supervision of two divisional inspectors and cover all the routine duties not allocated to specialist inspectors. They investigate all complaints, of which 4,175 were received during the year, and, where these visits result in the

service of notices, it often requires several additional visits to enforce satisfactorily the abatement of the nuisance. Whenever there was failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary, court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

During the year the district inspectors supervised fifteen exhumations and ensured that re-internment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were four common lodging houses in the city. These comprised 17 sleeping rooms and afforded nightly accommodation for 230 males.

The total number of persons accommodated during the year was 57,046. The nightly average was 156, representing 68 per cent of the accommodation available.

The total number of inspections made during the year was 82. There have been no cases of infectious disease reported during the year in any common lodging house. No difficulties have been experienced in gaining admittance, and it has not been necessary to resort to police court proceedings.

Hygiene in Factories

At the end of the year there were 2,566 factories on the register which is kept by the Council under Section 8 (3) of the Factories' Act, 1937. This figure consists of 2,316 power factories, 222 non-power factories and 28 other premises (mainly building sites).

A power factory is one in which mechanical power is used for purposes other than that of heating, lighting and ventilating the rooms. Responsibility for enforcing the provision and maintenance of sanitary accommodation in all factories is laid upon the City Council, and the Council is the enforcing authority in regard to cleanliness, overcrowding, temperature, ventilation and drainage of floors in the non-power factories.

During the year 259 visits were made to non-power factories for the purpose of enforcing the requirements of the Act.

Legal proceedings were taken against one firm for failing to keep the factory clean. This firm was convicted and the court imposed a fine of £5.

The greater part of the work undertaken during the year was in connection with the alteration to existing and the installation of new sanitary accommodation. Much of the work carried out was due to the action taken by the Council, but there is always a number of approved voluntary schemes carried out.

The high cost of large scale building operations has been the cause of many approved schemes for new sanitary accommodation being held in abeyance.

Legal proceedings were taken against one firm for failing to provide a suitable sanitary convenience for the persons employed in the factory. The firm was convicted and the court imposed a fine of £5.

A full report will be found in the Appendix giving in detail the work carried out and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

The Council, under the Public Health Act, 1936, is the enforcing authority in regard to cleanliness, ventilation and overcrowding of workplaces and the provision and maintenance of sanitary accommodation.

During the year 352 visits were made for the purpose of inspection and supervision of work in progress.

The provision of additional sanitary accommodation, including in most cases washing facilities, was due to approved voluntary schemes which were carried out to improve the existing conditions. As in previous years, the class of work and materials used were of a high standard.

A summary of the work executed in connection with workplaces will be found in the Appendix alongside those for factories.

Outworkers

The register of outworkers was kept up to date and, where the lists of outworkers sent to this Authority included any person or persons whose place of employment was outside this district, the Council in

whose district those persons were employed was furnished with their names and addresses as required by Section 110 (2).

The total number of outworkers notified was 936, and 372 of these outworkers were employed outside the City. The different types of work carried out by outworkers were as follows: Textile (burling) 51·4 per cent, wearing apparel 47·0 per cent, household linen 0·3 per cent, curtains and furniture hangings 0·3 per cent, furniture and upholstery 0·4 per cent, brass and brass articles 0·3 per cent, locks and keys 0·1 per cent, umbrellas 0·1 per cent, and brush making 0·1 per cent.

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the Appendix.

Rag Flock and Other Filling Materials Act, 1951

All filling materials used on registered premises and rag flock manufactured or stored on licensed premises must comply with the standards of cleanliness laid down in the Regulations made under the Act.

During the year 20 formal samples of filling material were taken and submitted to the prescribed analyst in accordance with the requirements of the Act. The samples, which consisted of rag flock, cotton mill puffs, cotton felt, hair coir fibre, and bale pickings were found to satisfy the statutory standards of cleanliness and no further action was necessary.

One registered premises was removed from the register during the year owing to change of use, and one application was received for registration. At the year end there was one licensed and 29 registered premises in the city. The licence in respect of premises used for the manufacture of rag flock was again renewed on application.

Administration of the Shops' Act, 1950

Routine visits under the Shops' Act, 1950, were made during the year to food shops already subject to inspection under the Food Hygiene Regulations, 1955. Additional visits to non-food shops were made on complaint or request. Some breaches of the Act were found, and in each case verbal or written warning was given.

Observations were kept during the year to check compliance with the Sunday Trading provisions of the Act, and the Weekly Half Holiday Orders and Closing Orders made under the Act. Seven shops were found to be open for the serving of non-exempted articles on a Sunday,

and in 17 cases Mixed Trades notices were not displayed as required by Shops' Regulations; verbal warnings were given in 14 of these cases and a written warning given in two cases. Three shopkeepers were warned in writing for remaining open for the serving of customers with non-exempted articles on the Weekly Half Holiday and 19 were given verbal warnings for the same offence. Twenty-three shopkeepers were verbally warned for failing to display the necessary Mixed Trades notices on the Weekly Half Holiday.

Three persons were warned in writing for carrying on retail trade in places not being shops in contravention of Section 12 of the Act, and the relevant Weekly Half Holiday Orders and Closing Orders, and four persons were given verbal warnings for the same offences.

These offences concerned the operation of mobile shops, mainly on the housing estates in the city, at times when shops were required to be closed for the serving of customers.

It was found necessary to take legal proceedings in nine instances for contraventions of the Shops' Act, 1950. Fines and costs totalling £33 10s. were imposed on eight shopkeepers for breaches of the Sunday Trading provisions of the Act, and non-compliance with the Weekly Half Holiday Orders and Closing Orders made under the Act.

It is satisfactory to note that in only one instance was it found necessary to take legal proceedings twice against the same shopkeeper for the same type of offence, although subsequent observations were maintained particularly carefully on all those taken to court.

Legal proceedings against one person operating a mobile shop late in the evening were withdrawn because of a High Court decision, given between the date of the offence and the date of the hearing, that mobile shops were not subject to the Shops' Act, 1950.

This decision renders more urgent the necessity for new legislation specifically covering such itinerant traders.

Heating Appliances (Fireguards) Act, 1952

Second-hand dealers' shops were kept under observation during the year for the detection of appliances contravening the above Act. Two shopkeepers were found to be exposing for sale heating appliances not fitted with guards in accordance with Section 1 of the Act. Legal proceedings are pending against one of these persons, and no action was taken against the other person for medical reasons.

Bradford Corporation Act, 1949

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 437 such premises on the register, and during the year 37 visits were made to them. These visits were made on initial registration or complaint. Generally speaking, the majority of the proprietors endeavoured to maintain a good standard of hygiene. Some minor contraventions of the byelaws were observed during these visits. Occupiers were warned verbally, and upon re-inspection conditions were found to be satisfactory.

Rodent Control

Surface Infestations

During the year 628 rat and 696 mice infestations were dealt with at the following properties in the city:—

| | Rats | Mice |
|-------------------------------|-----------------|-----------------|
| Canteens | 11 | 33 |
| Cafes | 10 | 11 |
| Food Shops | 35 | 79 |
| Farms.. .. . | 6 | 4 |
| Tips | 12 | — |
| Business premises | 92 | 126 |
| Private dwellings | 391 | 367 |
| Schools and school canteens | 28 | 59 |
| B.C.P.T. Depots | 3 | 4 |
| Markets and Abattoirs | 24 | 19 |
| Other L.A. properties | 16 | 24 |
| | <hr/> 628 <hr/> | <hr/> 696 <hr/> |

A total of 1,324 rat and mice infestations were treated and 1,553 properties were inspected. One thousand, one hundred and three infestations were notified by occupier or owner and 221 infestations were discovered by inspection of properties by public health inspectors and rodent operators. Warfarin was used in the majority of cases, although antu and arsenious oxide were used as alternative poisons where required. Two hundred and seven bodies were found after treatment and 84 premises were rat-proofed.

Disinfestation of Sewers

The annual ten per cent test baiting of sewers commenced in April 1958, when 485 manholes were test baited. "Takes" were recorded at 154, and 331 manholes proved to be clear of rodents.

The first full treatment of sewers necessitated the baiting of 2,006 manholes where 604 "takes" were recorded and 1,402 proved to be clear. After a period of approximately six months a second treatment was continued on the infested areas, and up to December 31st, 1958, a further 1,140 manholes were baited with "takes" at 312 manholes. During the whole treatment "Sewarin-P" was used on an extended baiting system, which appears to be more effective than the old method of laying plain bait followed by poison.

| | | |
|----------------------------------|----|-------|
| Total number of manholes baited | .. | 3,631 |
| Total number of manholes clear | .. | 2,561 |
| Total number of "takes" recorded | .. | 1,070 |

Smoke Abatement

During the year 25 complaints were received in connection with smoke emissions and two complaints in connection with grit emissions. All the complaints were investigated and improvements effected in every case.

There were 149 observations made of industrial chimneys and 535 visits to premises in connection with smoke abatement. As a result of investigations five formal and 42 informal notices were served on the offending persons. Arising from the observations and visits, the following improvements to boiler plants, etc., were carried out:—

| Nature of work or equipment | Number of units |
|--|-----------------|
| Oil-fired steam boilers installed | 5 |
| Coal-fired steam boilers installed | 5 |
| Coke-fired steam boilers installed | 1 |
| Central heating boilers with underfeed stokers installed | 1 |
| Central heating boilers with oil burners installed .. | 3 |
| Central heating coke-fired boilers installed | 1 |
| Boilers taken out of commission | 24 |
| Mechanical stokers installed | 17 |
| Mechanical stokers overhauled | 4 |
| Furnaces renewed | 4 |
| New chimneys | 4 |
| Chimneys increased in height | 1 |
| Oil burners installed | 5 |

| Nature of work or equipment | of units of units |
|---|----------------------|
| Oil burners maintained | 2 |
| Improved coal supply | 4 |
| Change of fuel, e.g. coal to coke | 1 |
| Improvements to incinerators | 1 |
| Incinerators abolished | 1 |
| Practice of burning rubbish in boiler discontinued .. | 5 |
| Smoke alarm systems installed | 8 |
| Smoke alarm systems overhauled | 1 |
| Boiler instruments provided | 11 |
| Dampers renewed | 5 |
| Fan draughts provided | 9 |
| Economisers renewed | 1 |
| Economisers repaired | 1 |
| New brickwork to boilers | 1 |

During the year nine firms changed over from steam to electric power.

Thirty-one applications for "prior approval" of boiler plant, etc., were considered by the Health General Purposes Sub-Committee and five notices of intention to install a furnace under the provisions of the Clean Air Act, 1956, were received in the year. Approval was given for the installation of the following equipment:—

| Type of Unit | Number to be Installed |
|---|---------------------------|
| Oil-fired steam boilers | 7 |
| Coal-fired steam boilers | 1 |
| Coke-fired steam boilers | 1 |
| Chain grate stokers | 12 |
| Low ram coking stokers | 4 |
| Underfeed stokers | 4 |
| Central heating boilers with underfeed stokers .. | 1 |
| Central heating boilers with oil burners | 15 |
| Central heating gas-fired boilers | 4 |
| Central heating coke-fired boilers | 1 |
| Oil burners | 9 |
| Oil-fired air heaters | 4 |

The detailed survey of the proposed Little Horton smoke control area was completed during the year. The proposed boundary of the smoke control area is Manchester Road, Smiddles Lane, Southfield Road, Southfield Lane and Great Horton Road. The area of land contained within the proposed boundary is 600 acres. The total number of houses located in the area is 7,284. This figure includes 4,173 terrace houses, 2,959 back-to-back houses and 152 semi-detached houses. The

slum clearance programme is providing for the demolition of 1,166 of the back-to-back houses within the next one to one and a half years. In the remaining houses, adaptations to fireplaces will need to be carried out in 1,347 Council houses and in 4,574 private houses at an estimated cost of £104,370 10s. There are 197 houses in which no work will need to be done. Other buildings located in the area include 92 industrial premises, 440 commercial premises, 104 other premises such as schools, etc., and one large hospital.

During the year the Minister of Housing and Local Government confirmed the byelaw requiring that there shall be provided in a new building only such appliances for heating or cooking as are suitably designed for burning gas, electricity, coke or anthracite.

The advisory service with regard to the efficient use of fuel in the home has proved to be a useful innovation and has indicated that a good cross-section of the general public are becoming increasingly smoke conscious.

Legal proceedings were taken against fourteen Corporation tenants living in smokeless zones for emitting smoke while burning coal bricks. All the tenants were convicted and given a conditional discharge on the payment of four shillings costs each, except one old age pensioner who received a conditional discharge.

Legal proceedings were instituted against a launderer for the emission of black smoke in contravention of the Dark Smoke (Permitted Periods) Regulations, 1958. He was convicted and fines totalling £10 were imposed.

Measurement of Atmospheric Pollution

The standard deposit gauges and lead peroxide instruments were maintained at the five established stations. The four portable deposit gauges were taken out of commission early in the year. The plastic collecting bottles have proved to be very satisfactory and, as a result, readings of the deposit gauges have not been disrupted by frost. The seven smoke filter and volumetric sulphur dioxide instruments were in operation throughout the year. Four of the instruments are located inside smokeless zones and three outside in comparable areas. It is now possible to make a direct comparison of the concentrations of pollutants inside and outside smokeless zones. An "EEL" Smoke Stain Reflectometer is now in use for assessing numerically the smoke filter stain values. Previously the smoke filter stains have been compared

visually against a standard scale of shades. This old method is recognised as a source of considerable error while the photo electric Reflectometer will provide reliable and accurate readings.

Deposit Gauges

The north and central stations have been in operation since 1931 and the other stations from 1950. The annual deposits for the past ten years and the mean monthly deposits for 1958 are shown in Tables 24 and 25 in the Appendix.

Lead Peroxide Instruments

The north and central stations have been in operation since 1931 and the other instruments from 1950. The concentrations in milligrams of SO₂ per day per 100 square centimetres of lead peroxide for 1958 are shown in Table 26 in the Appendix.

Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus

The apparatus in the Town Hall for measuring the daily concentration of sulphur dioxide and smoke has been in operation continuously since 1951 and the other instruments from 1957. The highest, the average and the lowest daily concentration of sulphur dioxide and smoke for each month of the year are shown in Table 27 in the Appendix.

Sunshine Record

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was 3 hours 2 minutes. This figure is 47 minutes less than the figure for 1957.

Housing

Slum Clearance

Steady progress has been made during the year with the implementation of the Council's slum clearance programme.

Work was completed in August on the provision of 110 new flats in ten five-storey blocks on the cleared Picton Street site and the accompanying photograph shows this redevelopment by the Council of the first clearance area to be dealt with. All the flats were quickly let and occupied, the first tenant moving in two years, almost to the day, after the first tenant was rehoused from the clearance area houses.



C. H. Wood, Bradford

THE RE-DEVELOPMENT OF THE PICTON STREET CLEARANCE AREA

Since the start of post-war slum clearance 18 orders have been made by the Council, of which 14 have been confirmed by the Minister, three are awaiting confirmation and one is still to be submitted for confirmation, comprising a total number of 2,716 houses represented in clearance areas up to the end of 1958.

During the year the following clearance areas were represented to the Council:

| | | | |
|--|---------|-------------------|--|
| Paddock Row Compulsory Purchase Order | .. .. . | 19 houses | Confirmed |
| Manchester Road Compulsory Purchase Order | .. .. . | 614 houses | Awaiting confirmation |
| Lyndhurst Street Compulsory Purchase Order | .. .. . | 22 houses | Awaiting confirmation |
| Bowling Back Lane Clearance Order | | 91 houses | Awaiting confirmation |
| Bowling (No. 2) Compulsory Purchase Order | .. .. . | 228 houses | Still to be submitted for confirmation |
| Total | .. | <u>974 houses</u> | |

Three Public Inquiries were held, and two orders were confirmed without Public Inquiry during the year. Two areas were entirely cleared of all buildings and most of the buildings in the Lower Manchester Road compulsory Purchase order were also cleared. Much progress was also made with clearing three further areas and clearance operations commenced in two more.

The following table summarises the action taken in respect of confirmed orders during the year:

| | | |
|--|---------|------|
| No. of families displaced and rehoused by Local Authority | .. | 359 |
| No. of families who found their own alternative accommodation | | 75 |
| No. of families in confirmed orders awaiting rehousing | .. .. | 102 |
| No. of houses in clearance areas demolished | .. .. . | 492 |
| No. of houses in clearance areas awaiting confirmation by the Minister | .. .. . | 1382 |

Many hundreds of inquiries were made during the course of the year by persons contemplating the purchase or sale of houses in the city and desirous of ascertaining whether such houses were affected by slum clearance proposals. Every effort is made in all these cases to give the fullest information possible.

Individually Unfit Houses

The following table summarises the action taken during the year to deal with individual houses found to be unfit and incapable of repair at reasonable expense:

| | |
|---|-----|
| No. of houses represented as unfit. | 170 |
| No. of Demolition Orders made by Council | 45 |
| No. of Closing Orders made by Council | 61 |
| No. of houses where undertakings were accepted to demolish . . | 51 |
| No. of houses owned by the Local Authority certified unfit by Medical Officer of Health | 43 |
| No. of undertakings accepted to render houses fit | 1 |
| No. of undertakings to render houses fit carried out | 1 |
| No. of houses demolished under Demolition Orders (formal action) | 73 |
| No. of unfit houses demolished (informal action) | 33 |
| No. of unfit houses owned by Local Authority demolished . . | 65 |
| No. of families from houses subject to Demolition Orders— | |
| (a) rehoused by Local Authority | 40 |
| (b) removed privately | 13 |
| No. of families from houses subject to Closing Orders— | |
| (a) rehoused by Local Authority | 44 |
| (b) removed privately | 5 |
| No. of families rehoused by Local Authority from houses subject to undertakings not to use for human habitation, or to demolish | 17 |
| No. of families rehoused by Local Authority from unfit houses owned by Local Authority | 18 |
| No. of Closing Orders determined | 1 |

Rehousing Work

This work, comprising the inspection of premises and the effects on all persons qualifying under the Council's points scheme for the tenancy of Corporation dwellings, continues undiminished and takes up a considerable amount of the time of the Housing Inspectors.

The following table gives the number and nature of the visits and inspections carried out in this connection:

| | 1958 | 1957 | 1956 |
|---|-------|-------|-------|
| Total number of visits (all types) | 4,821 | 5,052 | 4,162 |
| Abortive visits (involving revisits) | 1,708 | 1,723 | 1,313 |
| Actual inspections (all types) | 3,113 | 3,329 | 2,849 |
| (a) Ordinary lettings—visits | 1,363 | 2,050 | 1,653 |
| Verminous conditions found or suspected | 73 | 143 | 142 |
| (b) Transfers and exchanges—visits | 770 | 811 | 603 |
| Verminous conditions found or suspected | 22 | 15 | 16 |
| (c) Vacancies—visits | 825 | 457 | 559 |
| Verminous conditions found or suspected | 198 | 99 | 47 |
| (d) Visits to houses where tenants have been recommended for rehousing on medical grounds | 155 | 111 | 34 |
| Verminous conditions found or suspected | 6 | 6 | — |
| Total number of verminous families subsequently rehoused after disinfestation carried out | 75 | 133 | 144 |

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings, provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 1,020 claims for such priority were investigated during the year and in 216 cases special recommendations were made. Thus 21·17 per cent of the cases investigated were supported, which represents 12·33 per cent of the total of 1,751 lettings made during the year. Of the cases supported on medical grounds 14·81 per cent were in respect of patients suffering from tuberculosis.

In addition to the foregoing, 510 applications were received for transfer on medical grounds from one Corporation house to another. After investigation, 118 (23·13 per cent) of these applications were supported.

Upon receipt of a medical certificate in support of the application, the application may be supported directly on the strength of the medical certificate or the applicants may be visited in their own homes by one of the assistant medical officers or by the health visitor, or in certain cases the applicant is invited to the Health Department to discuss the matter.

ALLOCATION OF CORPORATION DWELLINGS—MEDICAL CASES

| Year | CASES (EXCLUDING TRANSFERS) | | | | | TRANSFERS | | | DETAILS OF VISITS | | | | |
|---------|-----------------------------|----------------|-----------------------|------------------------------|-------------------|----------------------------|-------------------------|----------------|-----------------------|---------------------|-------------------------------|--------------------|--------------|
| | Total Cases Considered | No. Sup-ported | % of Cases Sup-ported | % of Total Lettings for Year | No. of T.B. Cases | % of T.B. Cases Sup-ported | Total Cases Con-sidered | No. Sup-ported | % of Cases Sup-ported | By M.O.H. or Deputy | By Assistant Medical Officers | By Health Visitors | Total Visits |
| 1954 .. | 967 | 148 | 15.3 | 9.62 of 1,537 | 63 | 42.56 | 183 | 72 | 39.34 | — | 170 | — | 170 |
| 1955 .. | 1,105 | 151 | 13.66 | 10.92 of 1,382 | 48 | 31.78 | 277 | 124 | 44.76 | — | 293 | — | 293 |
| 1956 .. | 707 | 112 | 15.84 | 7.29 of 1,536 | 36 | 32.14 | 320 | 154 | 48.13 | 30 | 91 | 33 | 154 |
| 1957 .. | 1,017 | 193 | 18.97 | 10.90 of 1,770 | 32 | 16.58 | 416 | 128 | 30.77 | 19 | 326 | 68 | 413 |
| 1958 .. | 1,020 | 216 | 21.17 | 12.33 of 1,751 | 32 | 14.81 | 510 | 118 | 23.13 | 71 | 375 | 86 | 532 |

The fact that 532 visits were paid by various members of the staff in connection with 1,020 applicants for rehousing and 510 applicants for transfer is an indication of the careful consideration given to applicants on medical grounds.

The table on page 196, which gives details for the past five years, shows that although the total cases considered has remained fairly stationary the percentage of applicants for houses supported on medical grounds has increased, whilst the percentage of applicants for transfer on medical grounds has decreased and that the percentage of tuberculosis cases supported has also decreased. This is not surprising in view of the diminishing incidence of this disease and the more effective control of it by modern antibiotics. The table also illustrates the increasing amount of work done by the assistant medical officers in the assessment of the medical grounds for rehousing:

Rent Act, 1957

During the first six months of the year applications for certificates of disrepair continued at a steady pace; 208 applications were received. However, during the latter part of the year there was a noticeable decline in the number of applications, insomuch as only 85 tenants applied for certificates of disrepair during the second half of the year. During the whole year 98 certificates of disrepair were issued.

There has of course been an increase in applications by landlords for the cancellation of certificates of disrepair, and although 15 objections were received from tenants five certificates were cancelled in spite of the objections, making a total of 46 certificates of disrepair cancelled.

Although the number of applications for certificates of disrepair had fallen from 427 in 1957 to 293 in 1958, the proportion of certificates issued to undertakings given by landlords remained about the same.

In spite of the fact that 195 undertakings to carry out repairs were given by landlords, it is not known how many undertakings have been carried out as the remedy for non-compliance with undertakings is left to the tenants.

It is impossible to get a true picture of the effects of the Rent Act, 1957, as the local authority only play a small part in its operation and they are not called upon to adjudicate in the case of disputes between landlords and tenants. Nevertheless, it is true to say that the operation of this Act has made some contribution towards the better maintenance of controlled houses within the city.

Disinfection and Disinfestation

Work of this nature is carried out at and from the disinfecting station by personnel who have been trained in the various branches of the work.

During the year there was a considerable increase in the work of disinfestation and this could, to some extent, be accounted for by an increase in the tempo of the slum clearance programme. It was also noted that there was a considerable increase in the number of flea infested properties treated but there was no apparent reason for this.

With regard to disinfection of premises, this is still on a downward trend as the result of a decision made several years ago to disinfect only for infectious disease in certain cases, or on request. During the period under review there was, with one exception, an increase in the number of new cases of verminous persons treated at the station.

For comparison, last year's figures are shown in brackets.

Disinfection

| | | | | | |
|-----------------------------------|----|----|----|-----|-------|
| Number of premises disinfected | .. | .. | .. | 67 | (85) |
| Number of rooms disinfected | .. | .. | .. | 77 | (74) |
| Number of articles disinfected | .. | .. | .. | 139 | (263) |
| Number of library books destroyed | .. | .. | .. | 13 | (56) |

Disinfestation

| | | | | | |
|--------------------------------|----|----|----|-------|---------|
| Number of premises disinfested | .. | .. | .. | 635 | (493) |
| Number of rooms disinfested | .. | .. | .. | 2,002 | (1271) |
| Number of articles disinfested | .. | .. | .. | 3,579 | (2,844) |

Cleansing of Verminous Persons and Articles

(1) Scabies—

| | New Cases | | | | Number of Treatments Given | |
|---------------------|-----------|----|----|----|----------------------------|---------|
| Pre-school children | .. | .. | .. | 8 | (2) | 14 (3) |
| School children | .. | .. | .. | 35 | (13) | 94 (29) |
| Adults | .. | .. | .. | 25 | (8) | 56 (17) |

(2) Head and Body Lice, Fleas, etc.—

| | New Cases | | | | Number of Treatments Given | |
|--|-----------|----|----|-----|----------------------------|-----------|
| Pre-school children | .. | .. | .. | 19 | (13) | 34 (18) |
| School children | .. | .. | .. | 126 | (151) | 485 (635) |
| Adults | .. | .. | .. | 64 | (60) | 167 (173) |
| Number of articles disinfested | .. | .. | .. | .. | .. | 350 (333) |
| Number of baths given | .. | .. | .. | .. | .. | 360 (337) |
| Number of operations of steam disinfectors | .. | .. | .. | .. | .. | 177 (190) |

Appendix

Table 1 *Vital Statistics of Whole District, 1946-1958*

| Year | Population estimated to Middle of each Year | BIRTHS | | TOTAL DEATHS REGISTERED IN THE DISTRICT | | TRANSFERABLE DEATHS | | NET DEATHS BELONGING TO THE DISTRICT | | | | | |
|------|---|----------------------|-------|---|-------|---|---|--------------------------------------|-------------|-----------------------|--------|-------|------|
| | | Un-corrected Numbers | Net | Number | Rate | of Non-residents registered in the District | of Residents not registered in the District | Under 1 Year of Age | At all Ages | Rate per 1,000 Births | Number | Rate | |
| | | | | | | | | | | | | | |
| 1946 | .. | 279,040 | 5,871 | 5,404 | 19.39 | 4,371 | 15.7 | 471 | 135 | 265 | 49 | 4,035 | 14.4 |
| 1947 | .. | 284,900 | 6,473 | 6,334 | 22.23 | 4,782 | 16.8 | 494 | 151 | 380 | 59 | 4,439 | 15.6 |
| 1948 | .. | 288,500 | 5,599 | 5,439 | 18.84 | 4,193 | 14.5 | 467 | 145 | 235 | 43 | 3,871 | 13.4 |
| 1949 | .. | 291,600 | 5,344 | 5,048 | 17.3 | 4,637 | 15.9 | 592 | 178 | 191 | 38 | 4,223 | 14.5 |
| 1950 | .. | 294,300 | 5,111 | 4,906 | 16.7 | 4,517 | 15.4 | 497 | 153 | 185 | 38 | 4,173 | 14.2 |
| 1951 | .. | 289,800 | 4,919 | 4,769 | 16.4 | 5,008 | 17.3 | 731 | 179 | 208 | 43 | 4,456 | 15.4 |
| 1952 | .. | 288,000 | 4,885 | 4,744 | 15.9 | 4,372 | 15.0 | 638 | 211 | 155 | 33 | 3,945 | 13.7 |
| 1953 | .. | 286,600 | 4,871 | 4,653 | 15.9 | 4,502 | 15.4 | 554 | 111 | 169 | 36 | 4,059 | 14.2 |
| 1954 | .. | 286,500 | 4,942 | 4,702 | 16.4 | 4,789 | 16.7 | 698 | 145 | 146 | 31 | 4,236 | 14.8 |
| 1955 | .. | 286,400 | 4,913 | 4,641 | 16.2 | 4,533 | 15.8 | 652 | 131 | 130 | 28 | 4,012 | 13.6 |
| 1956 | .. | 286,400 | 5,049 | 4,820 | 16.8 | 4,543 | 15.9 | 645 | 149 | 136 | 28 | 4,047 | 14.1 |
| 1957 | .. | 287,000 | 5,241 | 4,973 | 17.3 | 4,565 | 15.9 | 730 | 222 | 144 | 28 | 4,057 | 14.1 |
| 1958 | .. | 287,800 | 5,502 | 4,988 | 17.7 | 4,503 | 15.6 | 720 | 212 | 151 | 30 | 3,995 | 13.9 |

Table 2 *Vital Statistics in Bradford, 1920-1958*

| Year | | Population | Birth Rate | Death Rate | Infantile Mortality Rate |
|------|----|------------|---------------|---------------|--------------------------------|
| 1920 | .. | 293,979 | 20.52 | 13.31 | 93 |
| 1921 | .. | 291,100 | 19.57 | 13.72 | 109 |
| 1922 | .. | 291,300 | 17.92 | 14.02 | 87 |
| 1923 | .. | 290,800 | 18.19 | 13.75 | 78 |
| 1924 | .. | 290,200 | 16.94 | 14.86 | 92 |
| 1925 | .. | 290,200 | 16.63 | 13.97 | 95 |
| 1926 | .. | 288,700 | 16.31 | 13.58 | 92 |
| 1927 | .. | 293,200 | 14.73 | 14.57 | 92 |
| 1928 | .. | 288,500 | 15.32 | 13.60 | 69 |
| 1929 | .. | 289,200 | 15.03 | 15.66 | 80 |
| 1930 | .. | 293,254 | 14.92 | 13.45 | 75 |
| 1931 | .. | 300,900 | 13.56 | 14.21 | 71 |
| 1932 | .. | 296,300 | 13.56 | 13.89 | 75 |
| 1933 | .. | 295,100 | 13.22 | 14.68 | 79 |
| 1934 | .. | 293,650 | 13.68 | 13.35 | 62 |
| 1935 | .. | 292,200 | 13.55 | 14.28 | 64 |
| 1936 | .. | 290,500 | 13.42 | 14.93 | 82 |
| 1937 | .. | 289,510 | 13.85 | 14.64 | 69 |
| 1938 | .. | 288,700 | 13.51 | 13.76 | 58 |
| 1939 | .. | 287,500 | 12.42 | 14.91 | 61 |
| 1940 | .. | *271,700 | 12.81 | 15.85 | 68 |
| 1941 | .. | *270,310 | 12.35 | 14.81 | 68 |
| 1942 | .. | *264,800 | 13.90 | 13.29 | 50 |
| 1943 | .. | *260,300 | 14.46 | 14.43 | 58 |
| 1944 | .. | *261,890 | 16.15 | 15.00 | 53 |
| 1945 | .. | *262,660 | 15.84 | 14.90 | 65 |
| 1946 | .. | *279,040 | 19.39 | 14.46 | 49 |
| 1947 | .. | 284,900 | 22.23 | 15.60 | 59 |
| 1948 | .. | 288,500 | 18.84 | 13.41 | 43 |
| 1949 | .. | 291,600 | 17.3 | 14.50 | 38 |
| 1950 | .. | 294,300 | 16.7 | 14.2 | 38 |
| 1951 | .. | 289,800 | 16.4 | 15.4 | 43 |
| 1952 | .. | 288,000 | 15.9 | 13.7 | 33 |
| 1953 | .. | 286,600 | 15.9 | 14.2 | 37 |
| 1954 | .. | 286,500 | 16.4 | 14.8 | 31 |
| 1955 | .. | 286,400 | 16.2 | 13.6 | 28 |
| 1956 | .. | 286,400 | 16.8 | 14.1 | 28 |
| 1957 | .. | 287,000 | 17.3 | 14.1 | 28 |
| 1958 | .. | 287,800 | 17.7 | 13.9 | 30 |

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1958

| | | Number of Primary Formal Notifications of New Cases of Tuberculosis | | | | | | | | | | | | Total | | Grand Total |
|--------------------------|--|---|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-------|------------|----------------|
| Age Periods | | 0— | 1— | 2— | 5— | 10— | 15— | 20— | 25— | 35— | 45— | 55— | 65— | 75— | (all ages) | * |
| Respiratory, Males | | — | — | 1 | — | 5 | 6 | 16 | 37 | 33 | 24 | 21 | 16 | 1 | 160 | 8 |
| Respiratory, Females | | — | — | — | 2 | 3 | 5 | 13 | 21 | 11 | 7 | 1 | 3 | — | 66 | 66 |
| Non-respiratory, Males | | — | — | — | 1 | 2 | — | 6 | 5 | 5 | 3 | 2 | — | — | 24 | 5 |
| Non-respiratory, Females | | — | — | — | — | 3 | 2 | 1 | 1 | — | — | 1 | — | 1 | 9 | 9 |
| Totals | | — | — | — | — | — | — | — | — | — | — | — | — | — | 259 | 13 |
| | | | | | | | | | | | | | | | | 272 |

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and posthumous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease, 1958*

| Disease | At all ages | Under 1 | At ages—years | | | | | | Age |
|-------------------------|----------------|------------|----------------|------------|------|-------|-------|-------------|---------------------|
| | | | 1-2 | 3-4 | 5-9 | 10-14 | 15-24 | 25 and over | un- known |
| Scarlet Fever .. | 398 | 4 | 31 | 68 | 223 | 56 | 7 | 6 | 3 |
| Measles | 576 | 27 | 161 | 163 | 207 | 7 | 4 | 4 | 3 |
| Whooping Cough | 263 | 33 | 77 | 69 | 71 | 10 | - | 2 | 1 |
| Poliomyelitis— | | | | | | | | | |
| Paralytic .. | 13 | 2 | 2 | 4 | 1 | 2 | 1 | 1 | - |
| Non-paralytic | 15 | 1 | 3 | 2 | 4 | 1 | 2 | 2 | - |
| Dysentery .. | 403 | 29 | 91 | 60 | 103 | 16 | 16 | 71 | 17 |
| | | | | | | | | | |
| | | | At all ages | Under 5 | 5-14 | 15-44 | 45-64 | 65 and over | Age un- known |
| Meningococcal Infection | .. | .. | 9 | 6 | 1 | 2 | - | - | - |
| Encephalitis— | | | | | | | | | |
| Infective | .. | .. | 2 | 1 | 1 | - | - | - | - |
| Post-infectious .. | .. | .. | Nil | | | | | | |
| Puerperal Pyrexia | .. | .. | 15 | - | - | 15 | - | - | - |
| Ophthalmia Neonatorum | .. | .. | 7 | 7 | - | - | - | - | - |
| Pemphigus | .. | .. | Nil | | | | | | |
| Paratyphoid Fever | .. | .. | Nil | | | | | | |
| Infective Enteritis | .. | .. | 1,392 | 651 | 254 | 309 | 113 | 58 | 7 |
| Food Poisoning .. | .. | .. | 4 | - | - | 4 | - | - | - |
| Salmonellosis .. | .. | .. | 107 | 48 | 14 | 30 | 7 | 6 | 2 |
| Tuberculosis— | | | | | | | | | |
| Pulmonary | .. | .. | 226 | 1 | 10 | 141 | 52 | 21 | 1 |
| Non-pulmonary | .. | .. | 33 | - | 6 | 10 | 10 | 5 | 2 |
| Pneumonia | .. | .. | 349 | 89 | 29 | 84 | 75 | 65 | 7 |
| Erysipelas | .. | .. | 54 | 4 | 3 | 19 | 15 | 12 | 1 |

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children. Summary of Work Done, 1958*

| | | No. of Patients | No. of Visits | Temporary Teeth | | | | Permanent Teeth | | | | Dressings | General Anaesthetics | Local Anaesthetics | Full Dentures | Partial Dentures | Denture Repairs | X-rays |
|--------------------------------|----|-----------------|---------------|-----------------|----------|-------------|----------|-----------------|----------|------------------|-----|-----------|----------------------|--------------------|---------------|------------------|-----------------|--------|
| | | | | Extractions | Fillings | Extractions | Fillings | Extractions | Fillings | Scale and Polish | | | | | | | | |
| St. Luke's Hospital Ante-Natal | .. | 89 | 258 | — | — | 199 | 53 | 18 | 9 | 4 | 98 | 21 | 1 | 1 | | | | |
| Edmund Street Ante-Natal | .. | 451 | 1,245 | — | — | 869 | 358 | 80 | 51 | 21 | 467 | 93 | 25 | 17 | | | | |
| Occupational Centre | .. | 9 | 10 | 14 | — | 6 | — | — | — | 7 | — | — | — | — | | | | |
| Pre-School Children | .. | 331 | 421 | 654 | 17 | — | — | — | — | 323 | — | — | — | — | | | | |
| Day Nursery Children | .. | 71 | 106 | 62 | 101 | — | — | — | 2 | 32 | — | — | — | — | | | | |
| School Children | .. | 41 | 205 | 5 | 16 | 15 | 62 | 10 | 17 | — | 36 | — | 21 | 9 | | | | |
| Totals | .. | 992 | 2,245 | 735 | 134 | 1,089 | 473 | 108 | 79 | 387 | 601 | 114 | 47 | 27 | | | | |

Table 6 *Food Premises Registered under Section 16, Food and Drugs Act, 1955, and Dairies Registered under Milk and Dairies Regulations, 1949-1954. Number of Inspections, 1958*

| | Number of Inspections | |
|--|-----------------------|-----|
| <i>Section 16, Food and Drugs Act, 1955</i> | | |
| Premises used for the sale, storage or manufacture of ice cream | 753 | 619 |
| Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats | 273 | 743 |
| Premises used for the preparation of fish by any process of cooking (fried fish shops) | 279 | 343 |
| <i>Milk and Dairies Regulations, 1949-1954</i> | | |
| Dairies | 36 | 232 |

Table 7 *Number of Food Premises by Type of Business as at 1958*

| Type of Business | Number |
|---|--------|
| Bakehouses | 246 |
| Butchers' Shops | 427 |
| Chemists and Druggists | 128 |
| Confectioners' Shops | 457 |
| Fish, Fruit and Game Shops | 466 |
| Grocers' Shops | 1,175 |
| Fish Friers' Shops | 279 |
| Tripe Shops | 32 |
| Sweets Shops | 377 |
| Public Houses | 394 |
| Clubs | 158 |
| Restaurants and Cafes | 324 |
| Ice Cream Manufacturers | 9 |
| Mineral Water Manufacturers | 12 |
| Wholesale Miscellaneous Food Premises | 127 |
| Industrial Canteens | 300 |
| <hr/> | |
| Total .. | 4,911 |

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act, 1950, applies (not included in Table 7) by Type of Business, as at 1958*

| Type of Business | Number |
|--|--------|
| Boot Repairers and Sundries | 170 |
| China and Glassware | 20 |
| Drapers | 207 |
| Electrical and Wireless | 115 |
| Florists | 34 |
| Furnishers.. .. . | 141 |
| Hardware, Ironmongery.. .. . | 152 |
| Hairdressers | 437 |
| Jewellers | 45 |
| Motors, Cycles, Petrol | 115 |
| Newsagents | 267 |
| Pawnbrokers | 20 |
| Photographers | 12 |
| Wearing Apparel | 475 |
| Wallpaper and Decorators | 56 |
| Miscellaneous Trades | 222 |
| Wholesale Shops and Warehouses | 170 |

Table 10 *Inspections and Contraventions under the Shops Act, 1950, during 1958*

| | | | |
|--|--------------------|------------------------------|---|
| Number of shops on register | 7,005 | | |
| Total number of inspections | 855 | | |
| Offences Ascertained | No. of Offences | No. of Verbal Warnings | No. of Verbal Confirmed Warnings by Letter |
| Prescribed form relating to half holiday of assistants not displayed | 11 | 11 | — |
| Correct meal times not allowed to assistants | 2 | 2 | — |
| Half holiday not allowed to assistants | — | — | — |
| Notice of day of weekly half holiday not fixed | 7 | 7 | — |
| Shop open after closing hour on weekly half holiday | 22 | 19 | 3 |
| Notices not displayed in mixed shops on weekly half-holiday | 23 | 23 | — |
| Selling in places in contravention of weekly half-holiday orders | — | — | — |
| Shop open after closing hour fixed by Closing Order | — | — | — |
| Selling in places after closing hour | 7 | 4 | 3 |
| Without notice relating to seats—Form K | 8 | 8 | — |
| Seats not provided for female shop assistants.. .. . | 1 | 1 | — |
| <i>Sunday Trading Restrictions</i> | | | |
| Shop open for non-exempted sales | 7 | 2 | 2 |
| Notices not displayed stating purpose for which shop open | 17 | 17 | — |
| Without Form VII | — | — | — |
| Assistants employed on more than three Sundays in a month | — | — | — |
| Assistants not allowed a compensatory holiday | — | — | — |
| <i>Young Persons</i> | | | |
| Abstract relating to young persons not displayed—Forms H and J | 3 | 3 | — |
| Young persons employed more than 48 hours per week | — | — | — |
| Young persons employed in shop after being employed in factory for permitted hours | — | — | — |
| Without schedule of young persons hours—Form F | 1 | 1 | — |
| Without overtime record—Form G | 1 | 1 | — |
| Young persons employed overtime in excess of yearly limit | — | — | — |
| Overtime worked by young persons in more than 6 weeks | — | — | — |
| TOTALS | 110 | 99 | 8 |

Table II *Number of Samples Procured and Examined in 1958*

| Nature of Sample | Number Examined | | | Number Adulterated (or otherwise giving rise to irregularity) | | |
|--|-----------------|---------------|-------|---|---------------|-------|
| | Formal | In- formal | Total | Formal | In- formal | Total |
| | | | | | | |
| Agar cream laxative | — | 1 | 1 | — | — | — |
| "Appeal to cow" milks | 2 | — | 2 | — | — | — |
| Apple tart | — | 1 | 1 | — | — | — |
| Aspirin tablets B.P. | — | 3 | 3 | — | — | — |
| Baby food | — | 1 | 1 | — | — | — |
| Bakewell filling | — | 1 | 1 | — | — | — |
| Baking powder | — | 2 | 2 | — | — | — |
| Beef pie | — | 1 | 1 | — | — | — |
| Beef sausage | — | 10 | 10 | — | — | — |
| Beef suet | — | 1 | 1 | — | — | — |
| Bicarbonate of soda | — | 1 | 1 | — | — | — |
| Blackcurrant and ipecacuanha cough syrup | — | 1 | 1 | — | — | — |
| Blood pressure pills | — | 1 | 1 | — | — | — |
| Boil tablets | — | 1 | 1 | — | — | — |
| Brawn | — | 1 | 1 | — | — | — |
| Butter | — | 6 | 6 | — | — | — |
| Butter assortment (contains pure pure butter) | 1 | 1 | 2 | — | 1 | 1 |
| Butter Eccles cakes | — | 2 | 2 | — | 1 | 1 |
| Butter shortcake | — | 1 | 1 | — | — | — |
| Buttered cheese spread | — | 2 | 2 | — | — | — |
| Cake flour | — | 1 | 1 | — | — | — |
| Camphorated oil B.P. | — | 1 | 1 | — | — | — |
| Catarrh cough syrup | — | 1 | 1 | — | — | — |
| Catarrh pastilles | — | 1 | 1 | — | — | — |
| Cheese | — | 1 | 1 | — | — | — |
| Cheese crisps | — | 1 | 1 | — | — | — |
| Cheese spread | — | 2 | 2 | — | — | — |
| Chest and lung mixture | — | 1 | 1 | — | — | — |
| Chicken fillets | — | 1 | 1 | — | — | — |
| Chocolate | — | 1 | 1 | — | — | — |
| Chocolate covered honey cakes .. | — | 1 | 1 | — | — | — |
| Christmas pudding | — | 2 | 2 | — | — | — |
| Cochineal | — | 1 | 1 | — | — | — |
| Codeine compound B.P. | — | 4 | 4 | — | — | — |
| Coffee | — | 1 | 1 | — | — | — |
| Coffee and chicory essence | — | 2 | 2 | — | — | — |
| Cold and influenza tablets | 1 | — | 1 | 1 | — | 1 |
| Condensed milk | — | 3 | 3 | — | — | — |
| Confectionery | — | 1 | 1 | — | — | — |
| Cooling powders | — | 3 | 3 | — | 1 | 1 |
| Corn flour | — | 1 | 1 | — | — | — |
| Cough gums | — | 1 | 1 | — | — | — |
| Cough syrup | — | 1 | 1 | — | — | — |
| Cream | 2 | 6 | 8 | — | — | — |
| Cream angel cake | — | 1 | 1 | — | 1 | 1 |
| Cream filled doughnuts | — | 1 | 1 | — | 1 | 1 |
| Currant pudding | — | 1 | 1 | — | — | — |
| Curry powder | — | 2 | 2 | — | — | — |
| Custard powder | — | 1 | 1 | — | — | — |
| Cut mixed peel | — | 2 | 2 | — | — | — |
| Dairy milk bon-bons | — | 1 | 1 | — | 1 | 1 |

| Nature of Sample | Number Examined | | | Number Adulterated (or otherwise giving rise to irregularity) | | |
|---|-----------------|--------|-------|---|--------|-------|
| | In- | | | In- | | |
| | Formal | formal | Total | Formal | formal | Total |
| Demerara sugar | — | 2 | 2 | — | — | — |
| Desiccated coconut | — | 1 | 1 | — | — | — |
| Digestion tablets | — | 1 | 1 | — | — | — |
| Double cream | — | 4 | 4 | — | — | — |
| Cressed crab | — | 2 | 2 | — | — | — |
| Dried baker's yeast | — | 1 | 1 | — | — | — |
| Easy icing | — | 1 | 1 | — | — | — |
| Epsom salts | — | 1 | 1 | — | — | — |
| Fish cakes | — | 7 | 7 | — | — | — |
| Fish paste | — | 1 | 1 | — | — | — |
| French coffee | — | 1 | 1 | — | — | — |
| Fruit sauce | — | 1 | 1 | — | — | — |
| Garden mint in vinegar | — | 1 | 1 | — | — | — |
| Gee's linctus B.P.C. | — | 3 | 3 | — | — | — |
| Ground almonds | — | 2 | 2 | — | — | — |
| Ground mixed spice | — | 1 | 1 | — | — | — |
| Halibut liver oil capsules B.P. .. | — | 1 | 1 | — | — | — |
| Haslet | — | 1 | 1 | — | — | — |
| Heartburn tablets | — | 1 | 1 | — | — | — |
| Horseradish sauce | — | 1 | 1 | — | — | — |
| Ice cream | — | 75 | 75 | — | — | — |
| Ice cream lolly | — | 3 | 3 | — | — | — |
| Ice lolly | — | 6 | 6 | — | — | — |
| Icing sugar | — | 1 | 1 | — | — | — |
| Indian Brandee | — | 1 | 1 | — | — | — |
| Jam | — | 6 | 6 | — | — | — |
| Jelly | — | 7 | 7 | — | — | — |
| Lard | — | 2 | 2 | — | — | — |
| Lemon curd | — | 1 | 1 | — | — | — |
| Lemon flavouring | — | 2 | 2 | — | — | — |
| Linseed, honey and chlorodyne chest and lung cordial | — | 1 | 1 | — | — | — |
| Liquid paraffin B.P. | — | 1 | 1 | — | — | — |
| Liver salt | — | 1 | 1 | — | — | — |
| Lolly Kreme | — | 1 | 1 | — | — | — |
| Mallow eggs | — | 1 | 1 | — | — | — |
| Margarine | — | 4 | 4 | — | — | — |
| Marmalade | — | 3 | 3 | — | — | — |
| Margarine (10% butter) | — | 1 | 1 | — | — | — |
| Marzipan | — | 1 | 1 | — | — | — |
| Marzipan almond icing | — | 1 | 1 | — | — | — |
| Meat paste | — | 1 | 1 | — | — | — |
| Meat pie | — | 2 | 2 | — | — | — |
| Menthol and wintergreen rub | — | 1 | 1 | — | — | — |
| Mentholated bronchial lozenges .. | — | 1 | 1 | — | — | — |
| Meringue powder | — | 1 | 1 | — | — | — |
| Milk cob | — | 1 | 1 | — | — | — |
| Milk diet | — | 1 | 1 | — | — | — |
| Milks | 119 | 1,181 | 1,300 | 9 | 27 | 36 |
| Milk powder substitute | — | 1 | 1 | — | — | — |
| Mincemeat | — | 6 | 6 | — | — | — |
| Mustard | — | 2 | 2 | — | — | — |
| Mustard sauce | — | 1 | 1 | — | — | — |
| Non-alcoholic ginger wine | — | 1 | 1 | — | — | — |
| Nut milk cubes | — | 1 | 1 | — | 1 | 1 |

| Nature of Sample | Number Examined | | | Number Adulterated (or otherwise giving rise to irregularity) | | |
|--|-----------------|--------|-------|---|--------|-------|
| | In- | | | In- | | |
| | Formal | formal | Total | Formal | formal | Total |
| Oil of eucalyptus B.P. | - | 1 | 1 | - | - | - |
| Orange squash | - | 3 | 3 | - | - | - |
| Orange drink | - | 4 | 4 | - | - | - |
| Orange pie filling | - | 1 | 1 | - | - | - |
| Pepper | - | 1 | 1 | - | - | - |
| Piccalilli | - | 1 | 1 | - | - | - |
| Pickled red cabbage | - | 1 | 1 | - | - | - |
| Pineapple juice | - | 1 | 1 | - | - | - |
| Pineapple squash | - | 1 | 1 | - | - | - |
| Plum pudding | - | 1 | 1 | - | - | - |
| Pork brawn | - | 1 | 1 | - | - | - |
| Pork luncheon meat | - | 2 | 2 | - | - | - |
| Pork sausage | - | 5 | 5 | - | 2 | 2 |
| Potted beef paste | - | 1 | 1 | - | - | - |
| Potted meat | - | 5 | 5 | - | - | - |
| Potted salmon | - | 1 | 1 | - | - | - |
| Potted salmon with butter .. | - | 1 | 1 | - | - | - |
| Potted shrimps | - | 1 | 1 | - | - | - |
| Potted shrimps with butter and spices | - | 1 | 1 | - | - | - |
| Powdered gelatine | - | 1 | 1 | - | - | - |
| Processed cheese spread | - | 1 | 1 | - | 1 | 1 |
| Processed peas | - | 1 | 1 | - | - | - |
| Pudding | - | 1 | 1 | - | - | - |
| Rich cream (pasteurised) | - | 1 | 1 | - | - | - |
| Rice pudding (sweetened) | - | 2 | 2 | - | - | - |
| Rum | 3 | - | 3 | - | - | - |
| Rum beans | - | 1 | 1 | - | 1 | 1 |
| Saccharin tablets | - | 1 | 1 | - | - | - |
| Sage | - | 1 | 1 | - | - | - |
| Sage and onion stuffing | - | 1 | 1 | - | - | - |
| Salad cream | - | 1 | 1 | - | - | - |
| Salmon paste | - | 2 | 2 | - | - | - |
| Salmon spread | - | 1 | 1 | - | - | - |
| Sardines | - | 1 | 1 | - | - | - |
| Sardine and tomato paste | - | 1 | 1 | - | - | - |
| Sauce | - | 3 | 3 | - | - | - |
| Sausage meat | - | 2 | 2 | - | - | - |
| Savouries | - | 2 | 2 | - | - | - |
| Self-raising flour | - | 5 | 5 | - | - | - |
| Slimming tablets | - | 1 | 1 | - | - | - |
| Smoked rainbow trout savoury .. | - | 1 | 1 | - | - | - |
| Smoked sausage | - | 1 | 1 | - | - | - |
| Smyrna figs | - | 1 | 1 | - | - | - |
| Soda water | - | 1 | 1 | - | - | - |
| Soup | - | 4 | 4 | - | - | - |
| South African oranges | - | 1 | 1 | - | - | - |
| Sparkling orange cup | - | 1 | 1 | - | - | - |
| Spirit of camphor | - | 1 | 1 | - | - | - |
| Sponge cakes | - | 1 | 1 | - | - | - |
| Steak pie | - | 2 | 2 | - | - | - |
| Sterilised cream | - | 2 | 2 | - | - | - |
| Stomach and liver mixture | - | 1 | 1 | - | - | - |
| Strength tablets | - | 1 | 1 | - | - | - |
| Strained egg custard and rice .. | - | 1 | 1 | - | - | - |

| Nature of Sample | Number Examined | | | Number Adulterated (or otherwise giving rise to irregularity) | | |
|------------------------------------|-----------------|---------------|-------|---|---------------|-------|
| | Formal | In- formal | Total | Formal | In- formal | Total |
| Stuffed pork roll | — | 1 | 1 | — | — | — |
| Sweets | — | 5 | 5 | — | — | — |
| Tea.. .. | — | 3 | 3 | — | — | — |
| Tinned pork sausage | — | 1 | 1 | — | — | — |
| Toffee selection containing butter | — | 1 | 1 | — | — | — |
| Tomato juice | — | 1 | 1 | — | — | — |
| Tomato ketchup | — | 2 | 2 | — | — | — |
| Tomato sauce | — | 1 | 1 | — | — | — |
| Unfermented condiment | — | 1 | 1 | — | — | — |
| Veal, ham and egg pie | — | 1 | 1 | — | — | — |
| Whisky | 3 | — | 3 | — | — | — |
| White pepper | — | 1 | 1 | — | — | — |
| Totals .. | 131 | 1,539 | 1,670 | 10 | 38 | 48 |

Table 12 *Feeding Stuffs Samples taken in 1958*

| | |
|--------------------------------|---|
| Cow Ration | 4 |
| Dairy Nuts | 1 |
| Pig Meal No. 1 | 5 |
| Pig Meal No. 2 | 5 |
| Layers Supermash | 1 |
| Layers Mash | 3 |
| Battery Layers Supermash | 1 |
| Battery Layers Mash | 3 |
| Growers Mash | 1 |
| Poultry Fattening Mash | 1 |
| Grain Balancer Mash | 1 |
| Baby Chick Food.. .. | 2 |

Table 13 *Fertilisers Samples taken in 1958*

| | |
|--------------------------------|---|
| Steamed Bonemeal | 1 |
| Sulphate of Ammonia | 1 |
| Sulphate of Potash | 1 |
| Superphosphate of Lime | 1 |
| Growmore Fertiliser | 1 |
| Soluble Blood Fertiliser | 1 |
| Liquid Fertiliser | 1 |
| Soluble Fertiliser | 3 |
| Fish manure | 1 |

Table 14 *Meat Inspection—Carcases Inspected and Condemned, 1958*

| | Cattle | Calves | Sheep | Pigs | Goats | Horses |
|--|--------|--------|--------|--------|-------|--------|
| Number killed in public abattoir .. | 21,062 | 4,184 | 67,939 | 43,203 | 48 | — |
| Number killed in private slaughter-houses | 2,182 | 33 | 6,027 | 3,410 | — | — |
| Total number of animals killed .. | 23,244 | 4,217 | 73,966 | 46,613 | 48 | — |
| Number of animals killed outside the city and exposed for sale in abattoir | 787 | — | — | 1,968 | — | — |
| Number inspected | 24,031 | 4,217 | 73,966 | 48,581 | 48 | — |
| <i>All Diseases except Tuberculosis and Cysticerci:—</i> | | | | | | |
| Whole carcasses condemned | 26 | 34 | 88 | 135 | — | — |
| Carcasses of which some part or organ was condemned | 3,532 | — | 1,783 | 1,437 | — | — |
| Percentage of number inspected affected with disease other than tuberculosis and cysticerci .. | 14.80 | 0.80 | 2.52 | 3.23 | — | — |
| <i>Tuberculosis only:—</i> | | | | | | |
| Whole carcasses condemned | 43 | — | — | 15 | — | — |
| Carcasses of which some part or organ was condemned | 875 | — | — | 520 | — | — |
| Percentage of number inspected affected with tuberculosis | 3.82 | — | — | 1.10 | — | — |
| <i>Cysticercosis:—</i> | | | | | | |
| Carcasses of which some part or organ was condemned | 32 | — | — | — | — | — |
| Carcasses submitted to treatment by refrigeration | 32 | — | — | — | — | — |
| Generalised and totally condemned | — | — | — | — | — | — |

Table 15 *Whole Carcasses and Organs Condemned, 1958*

| | Cattle | Calves | Sheep | Pigs |
|---------------------------------------|--------|--------|-------|------|
| Bruising, generalised | — | — | 4 | 1 |
| Dead on arrival | — | — | 8 | 21 |
| Decomposition | — | 1 | — | — |
| Emaciation, pathological | 5 | — | — | 2 |
| Fevered | 1 | 2 | 6 | 23 |
| Immaturity | — | 6 | — | — |
| Jaundice | — | 2 | — | 3 |
| Mastitis, septic | 1 | — | — | — |
| Metritis, septic | 2 | — | 1 | — |
| Oedema, generalised | 5 | 3 | — | 4 |
| Omphalophlebitis, septic | — | 1 | — | — |
| Parasitic emaciation and oedema | — | — | 62 | 18 |
| Pericarditis, septic | 1 | — | — | — |
| Peritonitis, septic | 2 | 1 | 1 | 7 |
| Pneumonia, septic | — | 1 | — | 1 |
| Poliarthrititis, septic | 1 | 12 | — | 1 |
| Pyæmia | — | 2 | 1 | 5 |
| Sæpraemia | — | — | — | 1 |
| Sarcoma, generalised | 1 | — | — | 1 |
| Septicaemia | 6 | 3 | 4 | 14 |
| Swine erysipelas | — | — | — | 28 |
| Swine fever | — | — | — | 5 |
| Toxaemia | — | 1 | — | — |
| Tuberculosis, generalised | 43 | — | — | 15 |
| Uraemia | 1 | — | — | 1 |
| Totals | 69 | 35 | 87 | 151 |

Table 16 Partial Carcasses and Organs Condemned, 1958

| | | Partial | | | Stom- | Intes- | Liver | Pluck | Head | |
|---------------|------------|---------|-------|-------|-------|--------|-------|-------|-------|-----|
| | | Carcase | Lungs | Heart | ach | tines | | | | |
| Inflammatory | Conditions | Cattle | 11 | 486 | 112 | 193 | 268 | 242 | — | 258 |
| | | Sheep | 9 | — | — | — | — | 69 | 131 | — |
| | | Calves | 5 | — | — | — | — | — | — | — |
| | | Pigs | 21 | — | — | — | 1,101 | — | 607 | 95 |
| Parasitic | Conditions | Cattle | 1 | 32 | 16 | 24 | 68 | 2,008 | — | 32 |
| | | Sheep | 4 | — | — | — | — | 692 | 1,091 | — |
| | | Calves | — | — | — | — | — | — | — | — |
| | | Pigs | — | — | — | — | 111 | — | 216 | — |
| Tuberculosis | | Cattle | 39 | 723 | 216 | 152 | 216 | 109 | — | 253 |
| | | Sheep | — | — | — | — | — | — | — | — |
| | | Calves | — | — | — | — | — | — | — | — |
| | | Pigs | 12 | — | — | — | 73 | — | 153 | 492 |
| Miscellaneous | | Cattle | 26 | 37 | 12 | 67 | 6 | 8 | — | 12 |
| | | Sheep | — | — | — | — | — | 10 | 24 | — |
| | | Calves | — | — | — | — | — | — | — | — |
| | | Pigs | 13 | — | — | — | 28 | — | 43 | 12 |

Table 17 Total Weight of Meat Condemned, 1958

Home Killed

| | | lbs. |
|---------|-----------------|--------|
| Beef: | whole carcasses | 31,307 |
| | part „ .. | 5,865 |
| Mutton: | whole carcasses | 4,319 |
| | part „ .. | 211 |
| Veal: | whole carcasses | 1,483 |
| | part „ .. | 36 |
| Pork: | whole carcasses | 16,627 |
| | part „ .. | 1,659 |
| Total | | 61,507 |

Imported Meat and Meat Products

| | | | | | | |
|---------|----|----|----|----|----|-------|
| Beef | .. | .. | .. | .. | .. | 2,237 |
| Pork | .. | .. | .. | .. | .. | 26 |
| Bacon | .. | .. | .. | .. | .. | 205 |
| Poultry | .. | .. | .. | .. | .. | 14 |
| Liver | .. | .. | .. | .. | .. | 16 |
| Brawn | .. | .. | .. | .. | .. | 8 |
| Sausage | .. | .. | .. | .. | .. | 101 |
| Total | | .. | .. | .. | .. | 2,607 |

Weight of Offals Condemned

| | | | | | | |
|--------|----|----|----|----|----|---------|
| Beef | .. | .. | .. | .. | .. | 103,528 |
| Mutton | .. | .. | .. | .. | .. | 10,457 |
| Veal | .. | .. | .. | .. | .. | 415 |
| Pork | .. | .. | .. | .. | .. | 45,210 |
| Total | | .. | .. | .. | .. | 159,610 |

The total weight of meat condemned was 223,724 lbs., that is 99 tons 17 cwts. 60 lbs. In addition, the following weight of tinned meats was condemned, 3 tons 2 cwts. 109 lbs.

Table 18 *Various Condemned Foods, 1958*

| | | | | tons | cwts. | qrs. | lbs. |
|------------------|----|----|----|------|-------|------|------|
| Apples | .. | .. | .. | 1 | 4 | 3 | 14 |
| Biscuits | .. | .. | .. | — | — | — | 4 |
| Brussels sprouts | .. | .. | .. | — | 11 | — | 16 |
| Butter | .. | .. | .. | — | — | — | 18 |
| Cabbage | .. | .. | .. | 4 | 6 | — | — |
| Carrots | .. | .. | .. | 3 | 10 | 1 | 20 |
| Cauliflower | .. | .. | .. | 1 | 18 | — | 14 |
| Cooking fats | .. | .. | .. | — | — | — | 9 |
| Dates | .. | .. | .. | — | — | — | 8 |
| Dried fish | .. | .. | .. | — | 6 | 1 | 13 |
| Fish .. | .. | .. | .. | — | 2 | 3 | 14 |
| Flour .. | .. | .. | .. | — | — | 2 | 24 |
| Frozen eggs | .. | .. | .. | — | — | — | 14 |
| Grapes | .. | .. | .. | — | — | 2 | 10 |
| Kippers | .. | .. | .. | — | 3 | — | 4 |
| Margarine | .. | .. | .. | — | — | — | 19 |
| Miscellaneous | .. | .. | .. | — | — | — | 26 |
| Mushrooms | .. | .. | .. | — | 2 | — | 14 |
| Peaches | .. | .. | .. | — | — | 1 | 20 |
| Pears .. | .. | .. | .. | — | 2 | 3 | 22 |
| Peas .. | .. | .. | .. | 6 | 14 | 3 | 16 |
| Potatoes | .. | .. | .. | 7 | — | — | 11 |
| Shellfish | .. | .. | .. | — | 6 | 2 | — |
| Wet fish | .. | .. | .. | — | 11 | 1 | 17 |
| Total | | | | 27 | 3 | 1 | 19 |

Table 19 *Condemned Tinned Goods, 1958*

| | | | | | | No. of tins |
|---------------|----|----|----|----|----|----------------|
| Fruit | .. | .. | .. | .. | .. | 2,087 |
| Vegetables.. | .. | .. | .. | .. | .. | 1,011 |
| Milk | .. | .. | .. | .. | .. | 525 |
| Fish | .. | .. | .. | .. | .. | 319 |
| Miscellaneous | .. | .. | .. | .. | .. | 402 |
| Total | | | | | | 4,344 |

(The weight of bulk tinned meat condemned is given in Table 17)

Table 20 *Particulars of Work Done by District Public Health and Housing Inspectors during 1958, with Comparative Figures for 1957*

| <i>Inspection of Dwellings:—</i> | 1957 | 1958 |
|---|--------|--------|
| No. of houses inspected under Housing Acts | 1,391 | 1,624 |
| No. of houses in respect of which notices were served requiring repairs | 29 | 24 |
| No. of houses rendered fit after formal notice:— | | |
| (a) by owners | 18 | 29 |
| (b) by L.A. on default | 6 | 4 |
| No. of houses rendered fit without service of formal notices .. | 7 | 8 |
| No. of re-visits | 3,131 | 3,330 |
| No. of houses let in lodgings inspected | 60 | 263 |
| No. of notices served—owners | 16 | 30 |
| occupiers | — | 1 |
| lodgers | — | — |
| No. of notices complied with | 5 | 62 |
| No. of overcrowded houses visited | 27 | 179 |
| No. of houses decrowded | 1 | 133 |
| No. of houses demolished in pursuance of demolition orders .. | 88 | 63 |
| No. of houses inspected under Public Health Acts | 9,779 | 11,656 |
| No. of notices served requiring defects to be remedied at these houses | 1,361 | 1,776 |
| No. of notices complied with:— | | |
| (a) by owners | 1,011 | 1,327 |
| (b) occupiers | 123 | 72 |
| (c) by L.A. on default | 268 | 172 |
| No. of houses rendered fit without service of formal notices .. | 621 | 1,240 |
| No. of revisits | 19,884 | 20,054 |
| No. of notices served | 10 | 2 |
| No. of notices complied with | 33 | 1 |
| <i>Inspections and Visits:—</i> | | |
| No. of complaints investigated | 3,824 | 4,175 |
| No. of visits and inspections (other than dwelling houses) .. | 863 | 1,207 |
| No. of schools inspected | 39 | 94 |
| No. of graveyards inspected | 1 | 8 |
| No. of cinemas inspected | 98 | 104 |
| No. of piggeries inspected | 41 | 72 |
| No. of offensive trade premises inspected | 3 | 33 |
| No. of second-hand furniture and clothing shops visited .. | 39 | 50 |
| <i>Miscellaneous Nuisances, etc.:—</i> | | |
| Dangerous places referred to City Engineer | 80 | 112 |
| Absence of or defective dustbins referred to Cleansing Department | 102 | 165 |
| Choked sewers and street gulleys reported | 358 | 447 |
| Wastes of water reported to Waterworks Department | 124 | 264 |
| Samples of water taken for:— | | |
| (a) chemical analysis | 283 | 349 |
| (b) bacteriological examination | 360 | 303 |
| Premises dealt with under Prevention of Damage by Pests Act, 1949 | 10 | 9 |
| <i>Factories and Workplaces:—</i> | | |
| No. of factories inspected | 1 | 1 |
| No. of workplaces inspected | — | 3 |
| No. of smoke observations | — | — |

Drain Testing:—

| | | 1957 | 1958 |
|---|---------------|-------|-------|
| Number of volatile tests | { Positive .. | 53 | 63 |
| | { Negative .. | 325 | 368 |
| Number of colour tests | { Positive .. | 477 | 394 |
| | { Negative .. | 2,026 | 2,078 |
| Number of smoke tests (rocket) | { Positive .. | 66 | 76 |
| | { Negative .. | 150 | 186 |
| Number of smoke tests (machine) | { Positive .. | 48 | 32 |
| | { Negative .. | 65 | 75 |
| Number of water under pressure tests .. | { Positive .. | 109 | 33 |
| | { Negative .. | 1,242 | 103 |

Drainage and Sanitary Arrangements:—

| | | |
|---|-----|-----|
| Choked drains cleansed | 757 | 906 |
| Drains amended | 595 | 360 |
| Drains reconstructed | 831 | 630 |
| Extra drains provided | 565 | 513 |
| Cellars drained | 16 | 12 |
| Drains underneath houses abolished .. | 7 | 6 |
| Drainage systems intercepted from sewer .. | 7 | 50 |
| Open drain inlets trapped | 44 | 109 |
| Waste pipes trapped | 194 | 316 |
| Waste pipes disconnected | 266 | 342 |
| Rainwater pipes disconnected | 192 | 226 |
| Rainwater conductors repaired or renewed .. | 492 | 969 |
| Sinks replaced | 88 | 133 |
| Sink waste pipes repaired or renewed .. | 149 | 252 |
| Water closet pedestals renewed | 59 | 78 |
| Water closets and flushing apparatus repaired .. | 112 | 145 |
| Water closets cleansed | 32 | 31 |
| Water closet apartments cleansed and limewashed .. | 204 | 52 |
| W.C. apartments properly lighted and ventilated .. | 65 | 169 |
| General repairs to water closets | 192 | 268 |
| Additional W.C. accommodation provided .. | 361 | 433 |
| Soil pipes repaired or renewed | 61 | 95 |
| Privy apartments cleansed and limewashed .. | 1 | — |
| Privy structures abolished | 5 | 5 |
| Privies converted to—W.C.s | 27 | 4 |
| Chemical closets | 2 | — |
| Ashpits abolished and dustbins substituted therefore .. | 5 | 1 |
| Urinals cleansed, amended or screened | 9 | 3 |
| Urinals remodelled | — | 1 |
| New urinals provided | 123 | 1 |

Dwelling Houses, etc.:—

| | | |
|--|-------|-------|
| Dampness excluded | 494 | 618 |
| Roofs repaired | 441 | 469 |
| Houses or parts cleansed and limewashed .. | 57 | 42 |
| Verminous houses disinfested | 41 | 88 |
| Ventilation improved | 16 | 54 |
| Window cords repaired or renewed | 304 | 286 |
| Lighting improved | 7 | 26 |
| General repairs executed | 1,141 | 1,316 |
| Cooking ranges repaired or renewed | 47 | 55 |
| Washing coppers provided or renewed | 1 | — |
| Handrails provided | 3 | 1 |
| New food stores provided and ventilated .. | 17 | 5 |
| Water supply improved | 137 | 305 |
| Houses supplied with city water supply .. | 55 | 2 |
| Outbuildings repaired | 7 | 12 |
| Septic tank and filter installations provided .. | 1 | 7 |
| Effluvium nuisance abated | 23 | 13 |

| <i>Courts, Back Yards, Stable Yards, etc.:—</i> | | | | | | 1957 | 1958 |
|--|----|----|----|----|----|------|------|
| Yard and passage paving repaired | .. | .. | .. | .. | .. | 15 | 28 |
| Yards re-paved | .. | .. | .. | .. | .. | 1 | 13 |
| Yards and passages newly paved | .. | .. | .. | .. | .. | 2 | 1 |
| Yards cleansed | .. | .. | .. | .. | .. | 42 | 94 |
| Passages cleansed and limewashed | .. | .. | .. | .. | .. | 1 | 2 |
| Manure pits repaired | .. | .. | .. | .. | .. | — | — |
| Manure pits provided | .. | .. | .. | .. | .. | 1 | — |
| <i>Keeping of Animals, etc.:—</i> | | | | | | | |
| Improper keeping of swine prohibited | .. | .. | .. | .. | .. | 9 | 3 |
| Piggeries repaired | .. | .. | .. | .. | .. | 1 | 5 |
| New piggeries provided | .. | .. | .. | .. | .. | — | — |
| Piggeries abolished or disused | .. | .. | .. | .. | .. | 4 | 14 |
| Improper keeping of fowls, etc., prohibited | .. | .. | .. | .. | .. | 6 | 14 |
| Accumulations of offensive matter, etc., removed | .. | .. | .. | .. | .. | 89 | 87 |
| Accumulations of manure removed | .. | .. | .. | .. | .. | 8 | 5 |

Table 21 *Factories Acts, 1937 and 1948*

Inspections for purposes of provisions as to health in 1958

| Premises | Number on Register | Inspections | Number of Written Notices | Occupiers Prosecuted |
|---|--------------------------|-------------|---------------------------------|-------------------------|
| (i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities | 222 | 259 | 47 | 1 |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 2,316 | 693 | 77 | 1 |
| (iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) | 28 | 8 | 4 | — |
| Total | 2,566 | 960 | 128 | 2 |

Cases in which defects were found

| Particulars | Found | Remedied | Referred | | No. of cases in which prose- cutions were instituted |
|---|-------|----------|----------------------|----------------------|---|
| | | | To H.M. Inspector | By H.M. Inspector | |
| Want of cleanliness (S.1) | 37 | 36 | — | 2 | 1 |
| Overcrowding (S.2) | — | — | — | — | — |
| Unreasonable temperature (S.3) | 16 | 10 | — | 3 | — |
| Inadequate ventilation (S.4) | 2 | 2 | — | — | — |
| Ineffective drainage of floors (S.6) | — | — | — | — | — |
| Sanitary Conveniences (S.7)— | | | | | |
| (a) Insufficient | 20 | 20 | — | 7 | — |
| (b) Unsuitable or defective | 49 | 54 | — | 21 | 1 |
| (c) Not separate for sexes | 3 | 5 | — | 6 | — |
| Other offences against the Act (not including offences relating to Outwork) | 68 | 70 | — | 38 | — |
| Total | 195 | 197 | — | 77 | 2 |

Table 22 *Summary of Work Executed in Factories and Workplaces, 1958*

| Summary of Work Executed | | | | | | Factories | Work-places |
|--|----|----|----|----|----|-----------|-------------|
| No. of additional W.C.s provided | .. | .. | .. | .. | .. | 60 | 33 |
| No. of additional urinals provided | .. | .. | .. | .. | .. | 14 | 1 |
| No. of obsolete urinals renewed | .. | .. | .. | .. | .. | 6 | — |
| No. of existing conveniences provided with:— | | | | | | | |
| (1) Sufficient ventilation | .. | .. | .. | .. | .. | 50 | — |
| (2) Intervening ventilated spaces | .. | .. | .. | .. | .. | 19 | — |
| (3) Notices indicating sex of user | .. | .. | .. | .. | .. | 21 | — |
| (4) Effective screening | .. | .. | .. | .. | .. | 4 | — |
| (5) Separate approaches | .. | .. | .. | .. | .. | 3 | — |
| (6) Effective lighting by day | .. | .. | .. | .. | .. | — | — |
| (7) Effective lighting by night | .. | .. | .. | .. | .. | 130 | — |
| *(8) Lavatory basins, troughs or fountains | .. | .. | .. | .. | .. | 57 | 39 |
| No. of Conveniences in connection with which:— | | | | | | | |
| (1) (a) Top and walls were white-washed, colour-washed or otherwise cleansed | .. | .. | .. | .. | .. | 68 | — |
| (b) Surfaces were painted, renewed or satisfactorily cleansed | .. | .. | .. | .. | .. | 46 | 2 |
| (2) Sanitary fittings were repaired | .. | .. | .. | .. | .. | 26 | 1 |
| (3) General repairs to structure were carried out | .. | .. | .. | .. | .. | 59 | 1 |
| (4) Drains, soil pipes, ventilating shafts were repaired or renewed | .. | .. | .. | .. | .. | 12 | 6 |
| (5) Drains were cleansed | .. | .. | .. | .. | .. | 24 | 8 |
| (6) Drains were amended or reconstructed | .. | .. | .. | .. | .. | 34 | 11 |
| (7) New drains were provided | .. | .. | .. | .. | .. | 35 | 8 |
| Drain Testing:— | | | | | | | |
| No. of colour tests — P | .. | .. | .. | .. | .. | 3 | — |
| N | .. | .. | .. | .. | .. | 29 | 6 |
| No. of volatile tests — P | .. | .. | .. | .. | .. | — | — |
| N | .. | .. | .. | .. | .. | 1 | — |
| No. of smoke tests — P | .. | .. | .. | .. | .. | 2 | — |
| N | .. | .. | .. | .. | .. | 15 | 1 |
| No. of hydraulic tests—P | .. | .. | .. | .. | .. | — | — |
| N | .. | .. | .. | .. | .. | — | — |

* Enforced by H.M. Factories Inspector but incorporated in schemes supervised by Local Authority Factory Inspector.

Table 23

Factories Act, 1937, Sections 110 and 111

Number of Outworkers Engaged in Various Trades as at August 1958

| Nature of Work | SECTION 110 | | SECTION 111 | | |
|------------------------------------|--|---|---|--|-----------------------------|
| | No. of outworkers in August list required by Section 110 (1) (c) | No. of cases of default in sending lists to the Council | No. of prosecutions for failure to supply lists | No. of instances of work in unwholesome premises | Notices served Prosecutions |
| Wearing apparel, making, etc. .. | 439 | — | — | — | — |
| Household linen .. | 3 | — | — | — | — |
| Curtains and furniture hangings .. | 3 | — | — | — | — |
| Furniture and upholstery .. | 4 | — | — | — | — |
| Brass and brass articles | 3 | — | — | — | — |
| Locks, latches and keys | 1 | — | — | — | — |
| Umbrellas, etc. .. | 1 | — | — | — | — |
| Brush making .. | 1 | — | — | — | — |
| Textile weaving .. | 481 | — | — | — | — |
| Total .. | 936 | — | — | — | — |

Table 24 *Atmospheric Pollution—Annual Deposits, 1948–1958*
(Tons per Square Mile)

| Year | Total Solids | Water-insoluble Matter | | | Water-soluble Matter | | |
|-----------------|--------------|-------------------------------|---------------------------------------|--------|----------------------|----------------|------------|
| | | Soluble in CS2 (Tarry Matter) | Insoluble in CS2 (Combustible Matter) | Ash | Sulphate as SO4 | Chlorine as Cl | Lime as Ca |
| North | | | | | | | |
| 1948 | 166.39 | 3.46 | 23.76 | 38.04 | 21.20 | 16.14 | 1.76 |
| 1949 | 177.48 | 2.71 | 28.29 | 39.93 | 32.40 | 18.97 | 3.49 |
| 1950 | 162.97 | 2.07 | 28.31 | 55.42 | 25.21 | 19.85 | 3.49 |
| 1951 | 190.03 | 5.00 | 24.01 | 58.01 | 31.94 | 19.28 | 3.81 |
| 1952 | 181.90 | 2.06 | 25.10 | 54.23 | 30.77 | 18.39 | 3.01 |
| 1953 | 192.01 | 1.26 | 33.12 | 57.96 | 37.96 | 12.75 | 3.33 |
| 1954 | 181.70 | 1.81 | 23.70 | 42.02 | 48.06 | 15.72 | 4.19 |
| 1955 | 128.36 | 1.32 | 18.90 | 42.94 | 34.90 | 11.89 | 2.29 |
| 1956 | 155.55 | 1.04 | 16.85 | 34.97 | 41.81 | 12.27 | 3.25 |
| 1957 | 130.25 | 1.46 | 20.34 | 31.37 | 30.27 | 9.19 | 2.20 |
| 1958 | 136.19 | 1.68 | 21.15 | 30.61 | 30.16 | 10.32 | 4.59 |
| Central | | | | | | | |
| 1948 | 233.28 | 3.65 | 44.33 | 75.15 | 30.58 | 23.73 | 3.53 |
| 1949 | 222.77 | 2.89 | 37.46 | 60.27 | 38.00 | 24.51 | 4.53 |
| 1950 | 223.94 | 2.63 | 48.90 | 83.67 | 28.46 | 23.96 | 3.95 |
| 1951 | 250.08 | 6.35 | 49.03 | 78.57 | 32.60 | 33.13 | 4.68 |
| 1952 | 231.18 | 2.97 | 49.74 | 73.21 | 32.29 | 21.04 | 4.52 |
| 1953 | 194.74 | 1.63 | 39.64 | 61.25 | 32.18 | 16.54 | 4.61 |
| 1954 | 284.02 | 3.14 | 61.53 | 88.94 | 48.18 | 23.06 | 4.88 |
| 1955 | 213.90 | 1.69 | 36.96 | 67.49 | 40.31 | 15.20 | 3.70 |
| 1956 | 252.18 | 1.97 | 46.93 | 76.72 | 51.04 | 14.46 | 3.87 |
| 1957 | 290.88 | 2.48 | 72.52 | 87.63 | 45.89 | 15.61 | 3.73 |
| 1958 | 240.42 | 2.53 | 55.22 | 74.93 | 35.94 | 14.27 | 7.68 |
| Bierley Hall | | | | | | | |
| 1950 | 142.51 | 2.39 | 24.82 | 41.86 | 22.47 | 19.84 | 3.83 |
| 1951 | 172.76 | 3.78 | 23.69 | 44.42 | 32.06 | 16.32 | 4.93 |
| 1952 | 132.17 | 1.78 | 21.48 | 33.33 | 20.39 | 12.47 | 2.93 |
| 1953 | 132.38 | 1.30 | 26.28 | 33.48 | 24.45 | 10.44 | 4.06 |
| 1954 | 153.26 | 2.02 | 25.70 | 33.29 | 33.90 | 14.49 | 3.35 |
| 1955 | 151.86 | 1.71 | 14.30 | 39.00 | 32.07 | 14.30 | 5.42 |
| 1956 | 154.37 | 1.12 | 17.78 | 37.94 | 40.23 | 12.20 | 3.94 |
| 1957 | 131.94 | 1.74 | 25.18 | 32.95 | 27.36 | 8.37 | 2.79 |
| 1958 | 152.12 | 0.71 | 31.15 | 37.63 | 29.43 | 9.71 | 5.39 |
| Chellow Heights | | | | | | | |
| 1950 | 121.27 | 1.98 | 12.37 | 28.88 | 23.81 | 22.52 | 3.86 |
| 1951 | 143.45 | 3.56 | 10.16 | 27.70 | 27.99 | 17.70 | 7.93 |
| 1952 | 124.43 | 1.73 | 15.83 | 30.08 | 27.12 | 15.32 | 3.88 |
| 1953 | 114.65 | 1.36 | 13.99 | 23.34 | 26.53 | 12.04 | 4.08 |
| 1954 | 156.19 | 2.05 | 20.86 | 34.55 | 38.55 | 17.69 | 4.73 |
| 1955 | 143.39 | 1.46 | 19.50 | 27.76 | 35.23 | 15.16 | 2.91 |
| 1956 | 159.55 | 0.66 | 18.96 | 24.81 | 47.67 | 15.82 | 4.21 |
| 1957 | 127.05 | 1.18 | 21.31 | 27.55 | 28.64 | 9.73 | 2.72 |
| 1958 | 131.27 | 1.47 | 19.29 | 27.82 | 30.79 | 11.63 | 6.03 |
| Ambulance Depot | | | | | | | |
| 1950 | | | | | | | |
| (7 mths.) | 455.69 | 3.70 | 162.61 | 240.67 | 15.43 | 12.39 | 2.53 |
| 1951 | 807.22 | 11.61 | 241.91 | 437.21 | 41.44 | 18.65 | 7.32 |
| 1952 | 689.49 | 3.98 | 155.38 | 399.56 | 38.44 | 17.59 | 10.88 |
| 1953 | 570.40 | 2.62 | 140.09 | 300.55 | 40.00 | 14.20 | 12.23 |
| 1954 | 766.15 | 4.05 | 199.56 | 412.16 | 50.06 | 42.98 | 10.19 |
| 1955 | 276.84 | 1.62 | 68.96 | 121.12 | 28.98 | 9.79 | 3.89 |
| 1956 | 544.05 | 3.23 | 171.10 | 244.92 | 44.98 | 14.36 | 5.19 |
| 1957 | 389.53 | 3.95 | 108.99 | 174.28 | 39.25 | 11.32 | 4.05 |
| 1958 | 430.97 | 3.41 | 115.68 | 209.73 | 37.67 | 12.19 | 7.68 |

Table 25 *Atmospheric Pollution — Mean Monthly Deposits, 1958*
(Tons per Square Mile)

| Station | Total Solids | Water-insoluble Matter | | Ash | Water-soluble Matter | | |
|-----------------|--------------|--|--|-------|-----------------------------|----------------|------------|
| | | Soluble in CS ₂ (Tarry Matter) | Insoluble in CS ₂ (Combustible Matter) | | Sulphate as SO ₄ | Chlorine as Cl | Lime as Ca |
| North | 11.35 | 0.14 | 1.76 | 2.55 | 2.51 | 0.85 | 0.38 |
| Central | 20.35 | 0.21 | 4.60 | 6.24 | 2.99 | 1.19 | 0.64 |
| Bierley Hall | 12.69 | 0.06 | 2.86 | 3.13 | 2.45 | 0.81 | 0.45 |
| Chellow Heights | 10.94 | 0.12 | 1.61 | 2.32 | 2.56 | 1.50 | 0.50 |
| Ambulance Depot | 35.91 | 0.28 | 9.64 | 17.48 | 3.14 | 1.10 | 0.64 |

Table 26 *Atmospheric Pollution — Lead Peroxide Instruments during 1958*

| | | | Analysis of samples expressed in milligrams of SO ₂ per day per 100 square centimetres of lead peroxide | | | | |
|------------|----|----|---|------------------|------------------|-----------------|-------------------|
| | | | Britannia House | Heaton Reservoir | Bierley Hospital | Chellow Heights | Ambulance Station |
| January | .. | .. | 4.44 | 3.30 | 2.19 | 3.41 | 1.64 |
| February | .. | .. | 3.61 | 2.61 | 1.69 | 2.67 | 1.47 |
| March .. | .. | .. | 3.53 | 1.59 | 1.39 | 2.14 | 1.25 |
| April .. | .. | .. | 2.42 | 1.17 | 1.11 | 1.09 | 0.88 |
| May .. | .. | .. | 2.02 | 1.54 | 0.75 | 1.26 | 0.69 |
| June .. | .. | .. | 1.57 | 0.87 | 0.66 | 0.86 | 0.57 |
| July .. | .. | .. | 1.34 | 0.71 | 0.52 | 0.62 | 0.54 |
| August .. | .. | .. | 0.60 | 1.08 | 1.28 | 0.97 | 0.59 |
| September | .. | .. | 1.12 | 1.14 | 0.56 | 0.50 | 0.67 |
| October .. | .. | .. | 1.21 | 1.67 | 0.56 | 0.74 | 0.72 |
| November | .. | .. | 3.12 | 2.57 | 0.97 | 1.94 | 1.12 |
| December | .. | .. | 2.64 | 3.60 | 2.37 | 3.41 | 1.64 |

Table 27 *Atmospheric Pollution — Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus during 1958*

| Location of apparatus | Smoke expressed as milligrams per 100 cubic metres | | | Sulphur dioxide expressed as parts per 100 million parts of air | | |
|--------------------------|--|---------------|--------------|---|---------------|--------------|
| | Highest Value | Average Value | Lowest Value | Highest Value | Average Value | Lowest Value |
| Town Hall | | | | | | |
| January .. | 102.54 | 45.96 | 18.34 | 34.37 | 17.83 | 9.64 |
| February .. | 102.96 | 31.81 | 9.17 | 39.05 | 16.21 | 9.54 |
| March .. | 53.88 | 25.40 | 9.47 | 25.31 | 14.54 | 8.76 |
| April .. | 39.18 | 22.40 | 9.17 | 26.34 | 11.94 | 4.78 |
| May .. | 39.18 | 13.45 | 0.44 | 16.09 | 8.71 | 4.61 |
| June .. | 28.90 | 18.40 | 9.47 | 13.44 | 7.66 | 4.42 |
| July .. | 28.90 | 15.03 | 4.66 | 10.01 | 6.61 | 3.68 |
| August .. | 30.71 | 20.11 | 9.47 | 8.04 | 5.26 | 2.21 |
| September .. | 46.64 | 20.68 | 7.97 | 10.80 | 7.36 | 4.42 |
| October .. | 63.05 | 30.51 | 15.48 | 24.00 | 10.06 | 3.57 |
| November .. | 163.60 | 62.37 | 24.17 | 63.88 | 26.48 | 11.50 |
| December .. | 169.49 | 59.87 | 12.19 | 72.66 | 24.09 | 7.40 |
| Welbury House Buttershaw | | | | | | |
| January .. | 45.44 | 21.53 | 5.88 | 18.98 | 8.24 | 2.19 |
| February .. | 41.28 | 15.79 | 3.85 | 16.97 | 6.62 | 3.12 |
| March .. | 32.35 | 15.20 | 1.90 | 12.51 | 6.58 | 3.16 |
| April .. | 31.87 | 12.23 | 3.85 | 9.77 | 5.16 | 2.36 |
| May .. | 26.17 | 10.36 | 3.86 | 10.54 | 4.56 | 2.08 |
| June .. | 24.77 | 9.75 | 3.70 | 7.45 | 4.35 | 2.35 |
| July .. | 15.59 | 6.19 | 1.95 | 7.48 | 3.59 | 1.05 |
| August .. | 17.25 | 11.56 | 4.01 | 5.49 | 3.43 | 1.74 |
| September .. | 27.78 | 9.49 | 3.02 | 6.55 | 4.60 | 2.93 |
| October .. | 35.70 | 14.08 | 2.16 | 8.81 | 4.20 | 0.67 |
| November .. | 156.06 | 40.19 | 7.58 | 32.39 | 12.43 | 4.06 |
| December .. | 102.00 | 32.86 | 4.67 | 26.75 | 9.78 | 1.05 |
| 28 Smith Avenue Odsal | | | | | | |
| January .. | 63.53 | 32.91 | 9.17 | 26.22 | 9.47 | 2.32 |
| February .. | 65.77 | 30.78 | 11.80 | 36.44 | 7.58 | 3.65 |
| March .. | 46.96 | 24.65 | 8.75 | 13.97 | 6.91 | 2.39 |
| April .. | 44.74 | 20.47 | 6.47 | 8.55 | 5.56 | 2.30 |
| May .. | 33.82 | 15.62 | 6.47 | 9.07 | 5.43 | 1.78 |
| June .. | 34.00 | 16.93 | 4.13 | 8.14 | 4.41 | 1.62 |
| July .. | 25.13 | 9.69 | 2.11 | 6.24 | 3.37 | 0.93 |
| August .. | 32.25 | 18.64 | 8.02 | 6.16 | 3.26 | 1.04 |
| September .. | 25.94 | 10.84 | 2.48 | 6.37 | 4.26 | 1.62 |
| October .. | 53.58 | 28.09 | 15.83 | 12.61 | 4.80 | 0.70 |
| November .. | 113.86 | 49.60 | 11.43 | 48.40 | 17.12 | 4.40 |
| December .. | 166.50 | 56.77 | 13.37 | 53.00 | 13.64 | 1.10 |

| Location of apparatus | Smoke expressed as milligrams per 100 cubic metres | | | Sulphur dioxide expressed as parts per 100 million parts of air | | |
|------------------------------|--|---------------|--------------|---|---------------|--------------|
| | Highest Value | Average Value | Lowest Value | Highest Value | Average Value | Lowest Value |
| St. Luke's Hospital | | | | | | |
| January .. | 108.37 | 53.71 | 14.45 | 31.24 | 10.71 | 1.52 |
| February .. | 144.50 | 39.23 | 7.13 | 44.41 | 8.70 | 3.01 |
| March .. | 78.49 | 32.13 | 3.61 | 16.27 | 9.93 | 2.34 |
| April .. | 57.08 | 24.91 | 11.11 | 17.50 | 7.71 | 1.61 |
| May .. | 57.80 | 22.20 | 6.96 | 16.73 | 6.71 | 3.05 |
| June .. | 29.27 | 18.63 | 6.88 | 11.61 | 6.61 | 1.76 |
| July .. | 42.81 | 12.59 | 3.52 | 8.20 | 4.19 | 1.90 |
| August .. | 40.24 | 20.70 | 6.88 | 8.01 | 4.40 | 1.95 |
| September .. | 42.97 | 20.94 | 7.22 | 12.01 | 5.94 | 2.62 |
| October .. | 107.03 | 32.80 | 3.52 | 23.04 | 5.49 | 0.96 |
| November .. | 182.91 | 69.17 | 25.27 | 54.38 | 20.31 | 5.04 |
| December .. | 185.25 | 68.37 | 15.36 | 97.47 | 15.17 | 1.50 |
| Central Library | | | | | | |
| January .. | 96.33 | 55.04 | 21.67 | 30.22 | 18.00 | 5.96 |
| February .. | 109.74 | 34.91 | 7.22 | 46.15 | 16.35 | 9.39 |
| March .. | 46.91 | 27.97 | 10.83 | 25.27 | 14.02 | 7.70 |
| April .. | 60.84 | 26.98 | 10.63 | 39.02 | 13.74 | 6.69 |
| May .. | 43.35 | 19.67 | 7.04 | 16.65 | 8.59 | 2.61 |
| June .. | 29.64 | 18.17 | 7.22 | 10.01 | 7.21 | 4.74 |
| July .. | 30.02 | 14.47 | 3.61 | 9.85 | 6.00 | 3.75 |
| August .. | 30.82 | 20.56 | 10.09 | 8.23 | 5.51 | 2.11 |
| September .. | 37.05 | 18.62 | 10.24 | 9.36 | 7.18 | 2.71 |
| October .. | 60.84 | 28.11 | 12.53 | 18.94 | 10.38 | 5.96 |
| November .. | 155.37 | 59.17 | 5.05 | 50.70 | 24.13 | 10.87 |
| December .. | 187.66 | 61.02 | 18.07 | 74.17 | 14.59 | 12.26 |
| York House Thorpe Edge | | | | | | |
| January .. | 55.02 | 25.76 | 7.71 | 17.25 | 8.62 | 0.71 |
| February .. | 49.42 | 17.86 | 4.12 | 40.14 | 8.88 | 0.55 |
| March .. | 31.48 | 12.31 | 4.07 | 12.85 | 6.13 | 2.85 |
| April .. | 33.34 | 12.15 | 4.15 | 8.69 | 4.91 | 2.11 |
| May .. | 26.37 | 10.82 | 3.85 | 10.46 | 4.71 | 1.34 |
| June .. | 23.12 | 9.74 | 3.70 | 8.22 | 3.98 | 1.21 |
| July .. | 15.41 | 3.55 | 6.69 | 5.26 | 3.92 | 1.02 |
| August .. | 23.11 | 12.77 | 3.80 | 5.68 | 3.44 | 1.43 |
| September .. | 35.80 | 10.68 | 3.21 | 6.32 | 4.26 | 1.32 |
| October .. | 66.05 | 21.52 | 3.90 | 17.40 | 5.68 | 0.43 |
| November .. | 123.85 | 46.62 | 10.88 | 36.38 | 17.42 | 6.21 |
| December .. | 105.75 | 41.94 | 6.50 | 50.87 | 14.14 | 2.36 |
| 10 Damon Avenue Ravenscliffe | | | | | | |
| January .. | 55.82 | 37.05 | 15.23 | 20.61 | 10.57 | 3.07 |
| February .. | 47.84 | 23.65 | 12.38 | 36.77 | 8.42 | 1.13 |
| March .. | 43.35 | 19.73 | 10.58 | 20.06 | 6.82 | 3.21 |
| April .. | 40.69 | 19.26 | 8.80 | 9.91 | 5.82 | 2.42 |
| May .. | 39.65 | 14.94 | 6.10 | 11.14 | 5.27 | 2.02 |
| June .. | 30.42 | 15.47 | 3.53 | 8.12 | 4.47 | 2.48 |
| July .. | 23.12 | 10.69 | 3.57 | 6.49 | 3.43 | 1.21 |
| August .. | 32.11 | 18.12 | 7.13 | 5.87 | 3.36 | 1.35 |
| September .. | 42.50 | 12.62 | 3.61 | 6.46 | 4.64 | 2.82 |
| October .. | 99.34 | 25.36 | 4.06 | 19.29 | 6.25 | 1.19 |
| November .. | 155.69 | 61.20 | 16.42 | 41.64 | 17.76 | 5.84 |
| December .. | 160.61 | 56.73 | 17.43 | 45.54 | 14.43 | 1.65 |

Table 28 *Housing Acts, etc. — Statistics, 1958*

HOUSES DEMOLISHED

In Clearance Areas

| | | | | | | |
|--|----|----|----|----|----|-----|
| (1) Houses unfit for human habitation | .. | .. | .. | .. | .. | 467 |
| (2) Houses included by reason of bad arrangement, etc. | .. | .. | .. | .. | .. | 3 |
| (3) Houses on land acquired under Section 43(2), Housing Act, 1957 | .. | .. | .. | .. | .. | 22 |

Not in Clearance Areas

| | |
|--|-----|
| (4) As a result of formal or informal procedure under Section 17 (1). Housing Act, 1957 | 106 |
| (5) Local authority owned houses certified unfit by the Medical Officer of Health | 65 |

UNFIT HOUSES CLOSED

| | | | |
|---|----|----|-----|
| (6) Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957 | .. | .. | 61 |
| (7) Under Sections 17(3) and 26, Housing Act, 1957 | .. | .. | Nil |
| (8) Parts of buildings closed under Section 18, Housing Act, 1957 | .. | .. | 1 |

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE
REMEDIED

| | By Owner | By Local Authority |
|---|----------|--------------------|
| (9) After informal action by local authority.. .. | 1,248 | N.A. |
| (10) After formal notice under (a) Public Health Acts | 1,311 | 174 |
| (b) Sections 9 and 16, Housing Act, 1957 | 26 | 3 |
| (11) Under Section 24, Housing Act, 1957 | Nil | N.A. |